

Pickering Islamic Centre

Intake form for a Funeral - To be filled by deceased family

DECEASED INFORMATION	
First Name:	
Last Name:	
Gender:	
Initial:	
Address:	
Phone #:	
SIN:	
Date of Birth:	
Place of Birth:	
Marital Status:	
Occupation:	
Place of Death:	

DATES	
Date of Body Pick Up:	
Date of Death:	
Date of Burial:	

FOR OFFICE USE ONLY	
Cemetery Name:	MEADOWVALE CEMETERY
Address:	7732 MAVIS RD, BRAMPTON ON L6Y 5L5
Date of Burial:	
Time of Burial:	
Section:	
Grave number:	

FAMILY INFORMATION	
Name of Spouse:	
(SPOUSE) Mothers Name:	
Fathers Name:	
Mothers Name:	
Fathers Birth Date:	
Fathers Place of Birth:	
Mothers Birth Date:	
Mothers Place of Birth:	
Wife last name before marriage	
Mothers last name before marriage	
Wife last name before marriage	

NEXT OF KIN	
First Name:	
Last Name:	
Initial:	
Relationship:	
Address:	
Phone #:	
Email Address:	

FOR OFFICE USE ONLY	
IRM #:	
Receipts #:	