

## Funeral Intake Form

<b>Deceased Information</b>	
- First Name:	
- Last Name:	
- Last Name at birth:	
- Gender:	
- Address:	
- Phone:	
- SIN:	
- Occupation:	
- Marital Status:	
- Date of Birth:	
- Place of Birth:	
- Place of Death:	
- Date of Death:	
- Date of Body Pickup:	
- Date of Burial:	
<b>Family Information</b>	
- Spouse Name:	
- Fathers Name:	
- Fathers Place of Birth:	
- Mothers Name:	
- Mothers Maiden Name:	
- Mothers Place of Birth:	
<b>Next of Kin information</b>	
- First Name:	
- Last Name:	
- Relationship:	
- Address:	
- Phone:	
- Email Address:	

email this form to [sakhter@masjid.ca](mailto:sakhter@masjid.ca)