

Islamic Center of Southern California

Today's date: _____

Name of Decedent - <i>First</i>		<i>Middle</i>		<i>Last (Family)</i>	
Date of Birth	Age Yrs	If Under 1 Yeas Months Days	If Under 24 Hours Hours Minutes	Sex	Date of death Hour
State of Birth	Social Security #	Military Service NO 19 to	Marital Status	Education (describe)	
Race	Hispanic - Specify Yes No	Usual Employer			
Occupation	Kind of Business		Years in Occupation		
Residence - Street Number or Location				City of death	
City	County	Zip	Years in County	State/Foreign Country	
Informant		Relation	Address - City Zip		
Name of Surviving Spouse - First		Middle		Last	
Name of Father - First		Middle		Last	Birth State
Name of Mother - First		Middle		Last	Birth State
No. of Death Certificate required :			Coroner Case # (if any):		
Burial at:		Grave #:	Burial on	At	

*For shipment out of state or overseas, please provide following information & provide passport:
Due to additional requirements the shipment from LA may take from 5 to 10 working days or more from the time the body arrives at the Center.*

Name of Consignee: _____

Address: _____

Phone: _____

Cemetery Address: _____

Signed: _____ Today's Date: _____