



BALHAM MOSQUE FUNERAL FORM

Name of Deceased : _____ Gender _____

Age : _____ D.O.B _____ Country of Origin : _____

Place of Death : _____ Date of Death : _____

Place of Collection : _____ Collected by : _____

Coroner office : _____ Tel no: _____

Place of Janaazah Salaat : _____ Salaat Lead by : _____

Name of Cemetery: _____ Plot /grave no: _____

Day& Date of Burial _____ Time: _____

Payee of Cemetery charges: _____ Total Amount Paid _____

BM Service Payment : _____ Amount Paid _____

Name of Applicant : _____ Relationship to Deceased: _____

Contact no : _____ Email _____

Sign : _____ Date : _____

For office use only :	Copy of green certificate	_____	Death certificate	_____
	Copy of Internment form	_____	Balham Mosque Form	_____

Name of official _____ Date _____