

Select Which One Is Required

Vaults Standard: Muslim Grave:

A FORM

FIRST CONTACT/NEXT OF KIN DETAILS

This Form Is Editable, Please Fill and Return To Sender

Title: First Name: Surname:

Address: Postcode:

Relation To Deceased:

Telephone: Email:

(i) I hereby consent and authorise Al-Hassan Education Centre and Funeral Service to be responsible in all matters relating to the opening of the grave for the purpose of the interment specified above.

(ii) I hereby undertake to indemnify Al-Hassan Education Centre & Funeral Service from and all actions, proceedings loss, charges, damages, expenses claims and demands which may be brought or made against Al-Hassan Education Centre & Funeral Service in consequence with the funeral arrangements and services provided.

(iii) I (Next Of Kin) will take full responsibility for all the costs incurred by Al Hassan Funeral Service on behalf of the deceased. Deductions will be made to any amount already paid into the funeral service fund.

Signature: Date:

DESEASED DETAILS

Title: First Name: Surname:

Home Address: Postcode:

Location Of Deceased Body:
If Different To Home Address

Date of Birth: Net Measurements of Coffin:

Date of Death: Length: Feet & Inches

Place of Burial: Age: Gender: Male: Female:

Width: Inches Only

Height: Inches Only

AL-HASSAN FUNERAL SERVICE
4-6 Hares Avenue Leeds LS8 4LQ
Tel: 0113 3187256 Fax: 0113 3070500
Email: quba@alhassan.org.uk
Website: www.alhassan.org.uk

A FORM

Any Other Requirements Please Fill In The Details Below
(Requiring an Imam, Assistance with Ghusl, etc)

Please Note: (Some requirements may require an additional charge, such as Flowers, Wreath etc)

FOR OFFICE USE ONLY:

Disposal Form No: (Green Form) **Grave No:**

Date Form Received:

Recived By: **Authorized By:**

Form Number:

Funeral Conducted By: