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| Legal Name of Deceased | | | |
| Deceased Date of Birth | | | |
| Hospital Medical Record Number (MRN) | | | |
| Location of Body Facility Name and Address | | | |
| Who should we contact for Questions? | | | |
| Would you like Jinaza services at our Masjid? | Yes | No | Would you like a community announcement regarding this death? |
| | | | Yes |
| | | | No |
| Other Special Instructions | | | |
| Complete the following section if the deceased is a child | | | |
| Mothers Legal Name | | | |
| Mothers Medical Record Number (MRN), if any | | | |
| Mothers Date of Birth | | | |
| Mothers Phone and Email Information | | | |
| Fathers Legal Name | | | |
| Fathers Date of Birth | | | |
| Fathers Phone and Email Information | | | |

Upon completion, please submit this form to info@masjidaltawheed.com and call (916) 686-9519