



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



## Islamic Center of High Point

200 West Market Center Drive  
High Point, NC 27260  
336-885-0786

### Application for Islamic Cemetery/Funeral Services

#### Information of the Deceased Person

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Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street*

Father: \_\_\_\_\_ *City State Zip Code*  
Mother: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Month/Day/Year*

Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

#### Information of Next to Kin Requesting Cemetery/Funeral Services

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street*

Telephone: (Home) \_\_\_\_\_ *City State Zip Code*  
(Cell) \_\_\_\_\_

Salat al Janazah (*Requesting Time & Date*): \_\_\_\_\_

I the next to kin requesting Cemetery/ funeral services for the above deceased person agree to make all the **financial payments** and provide a copy of the **death certificate** to the Islamic Center of High Point, NC before the Salat al-Janazah (Funeral Prayer). I also agree that I will follow the rules set by the Islamic Center of High Point, NC in accordance to Islamic Sharia.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only

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Payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Salat al Janazah (*Time & Date*): \_\_\_\_\_ *Burial(Time&Date)* \_\_\_\_\_