



Islamic Society of Greater Valley Forge

958 N. Valley Forge Road

Devon, PA 19333

Tel: 610-202-4666

We make Dua to Allah (SWT) for the Maghfira of deceased and to Grant Jannatul-Firdouse to the departed soul and give patinece to love ones, Aameen. Kindly fillout the following information about the deceased person.

It is required by the Pennsylvania State Health Department to file for **Death Certificates** and **Burial Permit**.

ISGVF Coordinator: _____ **Contact #:** _____

To Be Completed By Family Representative	1.	Full Name (First, Middle, Maiden & Last)				
	2.	Date of Birth: (mm/dd/yyyy)				
	3.	Date of Death: (mm/dd/yyyy)				
	4.	Vetran (Check One):	Yes	No		
	5.	Age:				
	6.	Male / Female (Check One):	Male	Female		
	7.	Social Security (if doesn't have one, Check "Unknown")	Unknown			
	8.	Home Address (Street, Town, State & Zip):				
	9.	Authorized Representative:				
	10.	Relationship:				
	11.	Main Contact Number: / Alternate Number:				
	12.	E-mail Address:				
	13.	Place of Body (Home/Hospital, and Address):				
	14.	Body Released by Hospital/Doctor	Yes	No		
	15.	Place of Birth (City and State, or Country):				
	16.	Nationality:				
	17.	Marital Status (Check One):	Single	Married	Divorced	Widowed
	18.	Spouse Name (If wife Maiden name):				
	19.	Father's Name (First, Middle, Last, Suffix):				
	20.	Mother's Name (First, Middle, Maiden):				
	21.	Occupation (Kind of work did most of life):				
	22.	Highest Education Completed (GED, High School, College, etc.):				
To Be Completed By ISGVF	23.	Funeral Home (Name):				
	24.	Funeral Home Address:				
	25.	Funeral Home Director/Contact Number:				
	26.	Date and Approximate Time Body Wash:				
	27.	Casket Type (Cardboard or Wood):				
	28.	Number of Death Certificate Needed:				
	29.	Name of Cemetery:				
	30.	Address of Cemetery:				
	31.	Burial Space to Use (location number):				
	32.	Date: / Time of Janaza Prayer:				
	33.	Place of Janaza Prayer:				
	34.	Person Leading Janaza Prayer:				
	35.	COMMENTS:				