



Information Form

Deceased information

Surname : _____

Surname at birth: _____

First name : _____

Place of death: _____ Place of birth : _____

Date of death (yyyy/mm/dd): _____ Date of birth (yyyy/mm/dd) : _____

Time of death: _____

Sex : F M

Father's surname : _____

Weight: _____ Father's first name: _____

Mother's surname at birth : _____

Address of the deceased: _____ Mother's first name : _____

City : _____ Social Insurance Number : _____

Province : _____ Health Card Number : _____

Postal code : _____ Driver's licence : _____

Did the deceased have a pacemaker? Yes No

Civil Status : Married Widowed Divorced Legally separated Common law Single

Number of childrens : _____ Male : _____ Female : _____ inside Canada outside Canada

Spouse information (go to the next section if the deceased was single)

Surname : _____

Surname at birth : _____

First name : _____

Sex : F M

Place of birth : _____

Address : _____ Date of birth (yyyy/mm/dd) : _____

City : _____ Father's surname : _____

Province : _____ Father's first name: _____

Postal code : _____ Mother's surname at birth : _____

Phone number : _____ Mother's first name : _____

Email : _____

Social Insurance Number: _____

Date of marriage (yyyy/mm/dd) : _____ Health Card Number : _____

Place of marriage : _____ Driver's licence : _____

Date of divorce (yyyy/mm/dd) : _____ Spouse's date of death (yyyy/mm/dd) : _____

Civil Status : Married Widowed Divorced Legally separated Common law Single



Declarant's information (if other than the spouse)

Surname : _____

Surname at birth : _____

First name : _____

Sex : F M

Relationship with the deceased : _____ Date of birth (yyyy/mm/dd) : _____

Father's surname : _____

Address : _____ Father's first name: _____

_____ Mother's surname at birth : _____

City : _____ Mother's first name : _____

Province : _____

Postal code : _____ Social Insurance Number: _____

Phone number : _____ Health Card Number : _____

Email : _____ Driver's licence : _____

Other contact name : _____

Other phone number : _____

If you are not a family member, in what capacity are you allowed to make funeral arrangements for the deceased?

For an executor of the estate, please submit a copy of the will.

Note: If the funeral arrangements are made by phone and email, we ask that you send us two (2) pieces of identification with photo and address as proof of your identity, by email.

Following this proof of identity, we will then be able to proceed with the registration of death.

Special Instructions



Information on the Ritual Washing

Lieu : _____

Name of the Mosque: _____

Address : _____

City : _____

Province : _____

Postal code : _____

Date of Ritual Washing (yyyy/mm/dd) : _____

Time of Ritual Washing: _____

Contact : _____

Phone number: _____

Email: _____

Burial - Cemetery Information

Arrangements made by : _____

Name of cemetery : _____

Address : _____

City : _____

Province : _____

Postal code : _____

Date of burial (yyyy/mm/dd) : _____

Time of burial: _____

Section: _____

Plot : _____

Plot owner : _____

Monument already installed : Yes No

Ship-out - Information on the recipient

Contact in the receiving country:

Surname : _____

First name : _____

Address : _____

City : _____

Province : _____

Country: _____

Postal code : _____

Phone number: _____

Email: _____

Destination:

Airport name: _____

Airport code: _____

City : _____

Province : _____

Country: _____

Language: _____

Passport received

For any other information please contact us at (514)727.6666



FONDATION INTERNATIONALE AZZAHRA

Hamza Cemetery & Funeral home

Azzahra International Foundation (referred as “Azzahra”) located at 3642 Fleury East., Montreal, QC will offer a funeral services for late Mr _____, Who passed away _____, which includes 1 cemetery plots Location for the period of Fifty years (50) and complete burial AT Hamza Cemetery (referred as “HAMZA”) located at 1101 Montée Masson, Laval, QC

Services

- Recover the deceased body from either the hospital, private residence or an Institute.
- Transport the body to HAMZA cemetery Inc. at 1101 Montée Masson, Laval
- (Ghusl) and Janaza prayer.
- Declaration to Civil Status Office/Coroner Office
- Instructions for Régie des Rentes du Québec and Québec Welfare.
- The cemetery lot is 100cm wide X 200cm long
- Internment (opening and closing of the grave)
- Head Stone (monument) and its installation.
- Coordination of funeral services.
- Body preparation and clothing.
- Annual maintenance fees of 100 dollars.
- Any additional work done in the future on the grave must be under the supervision of the cemetery administration.

Cost for plot to be prepaid Funeral service which includes the land plot and the above services is Canadian \$ 000.00

_____ \$

Signature

ALI FALIH ALTAE

Signature

Mr.

DIRECTOR

Montréal,