



BAB UL HAWAIJ ISLAMIC CENTRE

1893 Bonhill Road Mississauga ON L5T 1C1

www.bhic.ca

Canadian Registered Charity 837820810 RR 0001

Transfer Service Operator – Class 2 (Restricted)

License Number – XX-1514

Burial Service Request Form

PART 1 (To be fill by deceased family member)

DECEASED INFORMATION GENDER _____

Surname: _____ First Name _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death _____

NEXT-OF-KIN (Name of Interment Right Owner)

Surname: _____ First Name(s) _____ DOB _____

Address: _____

Relationship _____ Phone # _____ Email: _____

Family Authorized Representatives for Funeral Arrangements.

Contact Person Name _____ Phone # _____ Email _____

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PART 2 (To be fill by Bab Ul Hawaij Islamic Centre Burial Co-ordinator.)

TRANSFER SERVICE

Transfer Service Operator _____

BURIAL LOCATION

Cemetery _____ Section _____ Grave Lot No. _____ Depth Standard

INTERMENT DETAILS

Burial Date: _____ **Graveside Time:** _____

REMARKS / SPECIAL INSTRUCTIONS.

BHIC Burial Services Record # Name Authorized Signature