



Las Vegas Islamic Cemetery

7620 Bermuda Rd, Las Vegas, NV 89123 Ph: 702-260-9081

BURIAL FORM

1. Name of the Deceased: _____ 2. Date of Death: ____/____/____
3. County of Death: _____ 4. Location of Death: _____
5. Hospital or other Institution: _____ 6. Inpatient/OP/ER/Home ... _____
7. Sex: _____ 8. Race: _____ 9. Age: _____ 10. Cause of Death: _____
11. Date of Birth: ____/____/____ 12. State of Birth: _____
13. Citizen of what Country: _____ 14. Years of Education: _____
15. Married Status: _____ 16. Spouse name: _____
17. Social Security Number: _____ - _____ - _____ 18. Occupation: _____
19. Kind of Business: _____ 20. Ever in US Armed Forces: _____
21. Residence, State: _____, County: _____, City: _____, Street: _____
22. Father Name: _____ 23. Mother Name: _____
24. Informant Name: _____ 25. Mailing Address: _____
26. Relationship to the Deceased: _____ 27. Phone: _____
28. Burial / Removal: _____ 29. Cemetery Name: _____
30. Cemetery Location: City: _____ State: _____
31. Funeral Director: Osama O Haikal 32. Funeral Director license Number: FD882
33. Name and Address of Facility: _____
34. County/State Death Certificate Number: _____ Date: ____/____/____

I/we, _____ hereby confirm that all the above information is true to the best of my/our knowledge and also hereby agree to abide by all the R&R's of the Las Vegas Islamic Cemetery. A copy is hereby enclosed.

Signed: _____ Date: ____/____/____

Witness(s): _____ Signed: _____ Date: ____/____/____
