

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Islamic Community Center of Tempe  
**Cemetery Registration**

Please print all information clearly.

**Deceased Information**

First Name	Middle Name	Last Name
Gender	Age	Social Security Number
Date of Birth	Date of Death	Date of Burial
Death Certificate Number	Cause of Death	
<b>Headstone Alias (if any):</b>		
<i>The information provided above will be used for ordering the headstone.</i>		

**Primary Relative/Guardian Information**

First Name	Last Name	Relationship to Deceased
Address	City, State and Zip Code	Home Phone
Alternate Phone	Email Address	

**Secondary Relative/Guardian Information**

First Name	Last Name	Relationship to Deceased
Address	City, State and Zip Code	Home Phone
Alternate Phone	Email Address	

**Please turn page →**

**Relationship and Financial Responsibility:**

I, \_\_\_\_\_, hereby acknowledge that the deceased, \_\_\_\_\_ was known to me and was my \_\_\_\_\_ (relationship). I take a full responsibility for the cost incurred in the process of burial. This process includes, but is not limited to, the *Certificate of Clearance* from the county, transportation of the body to the Islamic Community Center of Tempe (ICC), storage of the body till the funeral, transportation from the ICC to the cemetery, the burial, headstone, and grave borders.

**Cemetery Policies:**

1. The ICC will construct the grave borders and will provide a headstone. Building the grave border and ordering the headstone could take up to six months.
2. I have seen a picture of the current grave borders & headstone and I have no objection to it. (see below)
3. Under any circumstances, no one shall build on any grave without a prior written approval from the ICC Board of Directors.
4. By burying the deceased at the ICC Cemetery, I am NOT purchasing a grave lot or any land in the ICC Cemetery.
5. I do NOT have any rights at the ICC Cemetery except to visit my deceased relative(s) and other deceased Muslims. The cemetery lock's combination/key is a property of the ICC and should be returned to the ICC upon request from the ICC. The ICC can change the combination/key without a notice to any family member please call the ICC at (480) 894-6070 in advance to verify the current codes/combinations.
6. Any errors in the death certificate are not the responsibility of the ICC.
7. The ICC Board of Directors (Majlis Al-Shura) has the full authority of the ICC Cemetery affairs and can make any change to the ICC Cemetery including the graves without approval by or a notice to any family member.



Grave Border and Headstone

Please initial the boxes shown below.

I understand that the information provided in the "Deceased Information" section will be used for the headstone.

I have read, understood and been provided a copy of the Cemetery Policies and I understand I cannot make any changes to the grave without written permission from ICC's Board of Directors.

I accept financial responsibility for all costs related to this burial.

Responsible Party's Acknowledgement  
(Primary relative/guardian)

Name

(please print)

Signature

Date

Cemetery Representative  
(Person who performed burial)

Name

(please print)

Signature

Date

-----**For Official Use ONLY**-----

**Grave Number:** \_\_\_\_\_

**Payment Information**

( ) Cash

Amount Due: \_\_\_\_\_

( ) Check # \_\_\_\_\_

Amount Paid: \_\_\_\_\_

( ) Credit Card Reference # \_\_\_\_\_

Remaining Balance: \_\_\_\_\_

Received By \_\_\_\_\_

Payment Date \_\_\_\_\_

**Mortuary Information Payment**

Name of Mortuary \_\_\_\_\_

Amount: \_\_\_\_\_ Check No: \_\_\_\_\_ Date: \_\_\_\_\_

14. DECEDENT'S HISPANIC ORIGIN (Check the box that best corresponds with the decedent's ethnic identity as given by the informant) <input type="checkbox"/> Not Spanish, Hispanic or Latino <input type="checkbox"/> Mexican, Mexican American or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable											
15A. BIRTH COUNTRY		15B. BIRTH STATE		15C. BIRTH COUNTRY		15D. BIRTH CITY					
16A. DECEDENT'S STREET ADDRESS			16B. UNIT #	16C. CITY	16D. STATE	16E. ZIP CODE	16F. RESIDENCE COUNTRY				
16G. RESIDENCE COUNTRY		17. HOW LONG IN ARIZONA (Days, Years, etc.)		18. IN CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. ON ARIZONA RESERVATION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, name of Arizona Reservation _____					
20. DECEDENT'S OCCUPATION		21. DECEDENT'S INDUSTRY		22. U.S. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		23A. FATHER'S FIRST NAME	23B. FATHER'S MIDDLE NAME				
23C. FATHER'S LAST NAME		23D. SUFFIX	24A. MOTHER'S FIRST NAME	24B. MOTHER'S MIDDLE NAME	24C. MOTHER'S LAST NAME	24D. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE					
25A. INFORMANT'S FIRST NAME		25B. INFORMANT MIDDLE NAME	25C. INFORMANT LAST NAME	25D. SUFFIX	26. RELATIONSHIP TO DECEASED						
27A. INFORMANT'S MAILING ADDRESS (including county)						27B. ZIP CODE					
28. TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION OF THIS WORKSHEET IS TRUE AND CORRECT										29. DATE OF FINAL DISPOSITION	
Informant's Signature _____				Date Signed _____							
30. METHOD(S) OF DISPOSITION											
<input type="checkbox"/> Burial		<input type="checkbox"/> Cremation		<input type="checkbox"/> Donation		<input type="checkbox"/> Donation/Burial		<input type="checkbox"/> Donation/Cremation		<input type="checkbox"/> Donation/Entombment	
<input type="checkbox"/> Entombment		<input type="checkbox"/> Removal From State		<input type="checkbox"/> Removal/Burial		<input type="checkbox"/> Removal/Cremation		<input type="checkbox"/> Removal/Donation		<input type="checkbox"/> Removal/Entombment	
<input type="checkbox"/> Removal/Donation/Cremation		<input type="checkbox"/> Removal/Donation/Entombment		<input type="checkbox"/> Unknown		<input type="checkbox"/> Other (Specify): _____					
31. NAME, CITY, & STATE OF FIRST DISPOSITION FACILITY OR CREMATORY				32. NAME, CITY & STATE OF SECOND DISPOSITION FACILITY OR CEMETERY							
33. NAME AND ADDRESS OF FUNERAL HOME				34A. FUNERAL DIRECTOR NAME		34C. SIGNATURE AND DATE					
All Options Funeral Home 1525 W University Dr. 102. Tempe, AZ 85281				CASSANDRA CASEY-KHNEIGER							
				34B. LICENSE NUMBER							
				F1505							

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF VITAL RECORDS  
DEATH REGISTRATION WORKSHEET**

This form is for the collection of the data needed to complete the Arizona Certificate of Death. **This is not a death certificate.**  
 Arizona Revised Statute §36-342. **Disclosure of information, prohibition**  
 A. The state registrar may provide information contained in vital records to persons, including federal, state, local and other agencies, as required by law and for statistical or research purposes.  
 B. Except as authorized by law, a local registrar, a deputy local registrar or the state registrar or their employees shall not:  
 1. Permit inspection of a vital record or evidentiary document supporting the vital record.  
 2. Disclose information contained in a vital record.  
 3. Transcribe or issue a copy of all or part of a vital record.

1A. LEGAL FIRST NAME		1B. LEGAL MIDDLE NAME		1C. LEGAL LAST NAME		1D. SUFFIX		1E. AKA'S IF ANY		1F. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE	
2. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		3. DATE OF DEATH <input type="checkbox"/> Actual <input type="checkbox"/> Found		4. TIME OF DEATH : : <input type="checkbox"/> Actual <input type="checkbox"/> Found		5A. DATE OF BIRTH		5B. AGE IN Years _____ Months _____ Days _____ Hours _____ Minutes _____			
6. U.S. SOCIAL SECURITY NUMBER		7A. PLACE OF DEATH City, Town, or Location _____ County _____ Zip Code _____		7B. PLACE OF DEATH <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Other (Specify) _____		7C. PLACE OF DEATH FACILITY <input type="checkbox"/> None <input type="checkbox"/> Unknown		7D. SPECIFY OTHER INSTITUTION OR SPECIFY STREET AND NUMBER			
8. MARITAL STATUS <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Never Married <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Widowed		9A. FIRST NAME OF SURVIVING SPOUSE		9B. MIDDLE NAME OF SURVIVING SPOUSE		9C. LAST NAME OF SURVIVING SPOUSE		9D. SUFFIX		9E. LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE	
10. EDUCATION (SELECT ONE) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Associate degree (e.g.: AA, AS) <input type="checkbox"/> Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DO)		<input type="checkbox"/> 9th through 12th grade, no diploma <input type="checkbox"/> Bachelor's degree (e.g.: BA, BS) <input type="checkbox"/> Refused		<input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Master's degree (e.g.: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Not Obtainable		<input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not Classifiable					
11A. NAME OF PHYSICIAN, PA, OR NP EXPECTED TO SIGN DEATH CERTIFICATE		11B. TELEPHONE NUMBER		11C. FAX NUMBER							
12. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
13. DECEDENT'S RACE (Select all that apply)											
<input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____			<input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Not Obtainable			<input type="checkbox"/> Black or African American <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____			<input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other (Specify) _____		
						<input type="checkbox"/> American Indian or Alaska Native Primary or Enrolled Tribe _____ Secondary Tribe (Optional) _____ Additional Tribe _____ Additional Tribe _____			<input type="checkbox"/> Unknown		

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## Grave Border and Headstone

