

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

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

( ) Credit Card Refrence # \_\_\_\_\_

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

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

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

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

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

**Mortuary Information Payment**

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

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

ARIZONA DEPARTMENT OF HEALTH  
SERVICES BUREAU 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. DECEDENT'S LEGAL FIRST NAME				1B. DECEDENT'S LEGAL MIDDLE NAME			
1C. DECEDENT'S LEGAL LAST NAME				1D. SUFFIX (Jr, II, etc)		1E. AKA'S IF ANY	
2. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Yet Determined	3. U.S. SOCIAL SECURITY NUMBER <input type="checkbox"/> None <input type="checkbox"/> Unknown		4. DATE OF DEATH  (mm/dd/yyyy)		5A. DATE OF BIRTH  (mm/dd/yyyy)		5B. AGE IN ____ Years ____ Months ____ Days ____ Hours ____ Minutes
6A. DECEDENT'S BIRTH CITY OR TOWN		6B. DECEDENT'S BIRTH COUNTY		6C. DECEDENT'S BIRTH STATE		6D. DECEDENT'S BIRTH COUNTRY	
7. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		8. DECEDENT'S NAME PRIOR TO FIRST MARRIAGE				9. HRRF (Human Remains Release Form) <input type="checkbox"/> Yes <input type="checkbox"/> No	
10A. DECEDENT'S RESIDENCE STREET ADDRESS			10B. ZIP CODE	10C. RESIDENCE CITY	10D. RESIDENCE COUNTY	10E. RESIDENCE STATE	
10F. RESIDENCE COUNTRY		11. IN CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	12. HOW LONG IN THE STATE OF ARIZONA? ____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Minutes <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> In Transit <input type="checkbox"/> Unknown			13. RESIDED IN AZ. TRIBAL COMMUNITY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <hr/> If yes, list name of Arizona Tribal Community on the line above	
14. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Never Married, Single							
15A. FIRST NAME OF SURVIVING SPOUSE		15B. MIDDLE NAME OF SURVIVING SPOUSE		15C. LAST NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE		15D. SUFFIX	15E. LAST NAME OF SURVIVING SPOUSE
16A. FATHER'S FIRST NAME		16B. FATHER'S MIDDLE NAME		16C. FATHER'S LAST NAME			16D. SUFFIX (Jr, II, etc)
17A. MOTHER'S MIDDLE NAME		17B. MOTHER'S MIDDLE NAME		17C. MOTHER'S LAST NAME PRIOR TO FIRST MARRIAGE			17D. SUFFIX (Jr, II, etc)
18A. INFORMANT'S FIRST NAME		18B. INFORMANT MIDDLE NAME		18C. INFORMANT LAST NAME			18D. SUFFIX (Jr, II, etc)

18E. RELATIONSHIP TO DECEDENT	18F. INFORMANT'S EMAIL ADDRESS	18G. INFORMANT'S PHONE NUMBER
18H. INFORMANT'S MAILING ADDRESS		18I. I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.  _____
19A. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment Removal: <input type="checkbox"/> From State <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation/Burial <input type="checkbox"/> Donation/Cremation <input type="checkbox"/> Donation/Entombment <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____		19B. DATE OF DISPOSITION  _____
20A. PLACE OF DISPOSITION - NAME OF FIRST DISPOSITION FACILITY		20B. PLACE OF DISPOSITION - NAME OF SECOND DISPOSITION FACILITY
21A. NAME OF FUNERAL DIRECTOR (first, middle, last, suffix)	21B. LICENSE NUMBER	21C. NAME OF FUNERAL HOME
22. ADDRESS OF FUNERAL HOME OR OTHER RESPONSIBLE PARTY		23. OTHER RESPONSIBLE PARTY RELATIONSHIP
24A. DECEDENT'S OCCUPATION	25. EDUCATION (SELECT ONE) <input type="checkbox"/> 8th grade or less; none <input type="checkbox"/> 9th through 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college credit, but not a degree <input type="checkbox"/> Associate degree (e.g.: AA, AS) <input type="checkbox"/> Bachelor's degree (e.g.: BA, AB, BS) <input type="checkbox"/> Master's degree (e.g.: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g.: PhD, EdD, or Professional Degree e.g.: MD, DDS, DVM, LLB, JB) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Not Classifiable	
24B. DECEDENT'S INDUSTRY	26. DECEDENT'S HISPANIC ORIGIN (Check the boxes that best corresponds with the decedent's ethnic identity as given by the informant) <input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino  <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Unknown <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify) _____	
27. DECEDENT'S RACE (Select all that Apply) <input type="checkbox"/> White <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Black, African American <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro                      _____ <input type="checkbox"/> American Indian/ Alaska Native (Specify) <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Refused Enrolled Tribe _____ <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ Secondary Tribe _____ <input type="checkbox"/> Vietnamese                      _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____		
28A. TYPE OF PLACE OF DEATH <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Emergency <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Not Classifiable <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Other; Specify _____		28B. PLACE OF DEATH FACILITY NAME

28C. PLACE OF DEATH FACILITY ADDRESS		28D. SPECIFY OTHER INSTITUTION OR ADDRESS WHERE DEATH OCCURRED	
29A. CERTIFIER TYPE <input type="checkbox"/> Physician <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Tribal Authority <input type="checkbox"/> Unknown, Not Classified			
29B. CERTIFIER'S LICENSE NUMBER		29C. CERTIFIER'S NAME (first, middle, last, suffix)	
29D. CERTIFIER'S TITLE <input type="checkbox"/> Doctor of Medicine <input type="checkbox"/> Doctor of Osteopathy <input type="checkbox"/> C.N.M./C.M <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Tribal Law Enforcement <input type="checkbox"/> Naturopathic Physician <input type="checkbox"/> Nurse Midwife <input type="checkbox"/> Medical Doctor Intern/Resident <input type="checkbox"/> APRN <input type="checkbox"/> Other (Specify) _____			
29E. CERTIFIER'S ADDRESS			29F. CERTIFIER'S ZIP CODE
29G. CERTIFIER'S CITY, TOWN, OR LOCATION		29H. CERTIFIER'S STATE	29I. CERTIFIER'S COUNTRY
30A. NAME OF ALTERNATE CERTIFIER		30B. TELEPHONE NUMBER	30C. FAX NUMBER
30D. EMAIL ADDRESS		31. FUNERAL DIRECTOR'S SIGNATURE - I ATTEST THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE, TRUE AND VALID TO THE BEST OF MY KNOWLEDGE.	
		<hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature</span> <span>Date Signed</span> </div>	