



*House of Mercy, All-Muslim Cemetery*

**Personal Information**

**Part One; Name of "Informant" or "purchaser" of the burial site:** (circle as appropriate)

Name: \_\_\_\_\_ TEL. \_\_\_\_\_

Address: \_\_\_\_\_ Relationship \_\_\_\_\_

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**Part Two; Personal information of the owner of burial site:** Infant Burial Date: \_\_\_\_\_

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_ sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_ Time \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Mothers' Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Address \_\_\_\_\_  
Last First Street

TEL. \_\_\_\_\_ Country of Origin \_\_\_\_\_  
City County State Zip

Years Residing in US \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_ Birthplace \_\_\_\_\_

Fathers' Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Address \_\_\_\_\_  
Last First Street

TEL. \_\_\_\_\_ Country of Origin \_\_\_\_\_  
City County State Zip

Years Residing in US \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_ Birthplace \_\_\_\_\_

Health Insurance \_\_\_\_\_ Hospital \_\_\_\_\_ TEL. \_\_\_\_\_

Physician \_\_\_\_\_ TEL. \_\_\_\_\_ Address \_\_\_\_\_ NJA# \_\_\_\_\_

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**For Office use only**

Grave No. \_\_\_\_\_ Section \_\_\_\_\_ Contract No. \_\_\_\_\_ Date of Burial \_\_\_\_\_

**Infant**