



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 _____

Part Two; Personal information of the owner of burial site: Infant Burial Date: _____

Name: (first) _____ (last) _____ sex _____

Date of Birth _____ Live ___ Stillborn ___ Place of Birth _____ Date of Death _____

_____ Place of Death _____ Time _____ Age _____ Race _____

Mothers Name _____ Birthdate _____ Address _____

Last First

Tel. _____ Country of Origin _____

City County State Zip

Years Residing in US _____ Race _____ Occupation _____ Birthplace _____

Fathers Name _____ Birthdate _____ Address _____

Last First

Tel. _____ Country of Origin _____

City County State Zip

Years Residing in US _____ Race _____ Occupation _____ Birthplace _____

Health Insurance _____ Hospital _____ Tel. _____

Physician _____ Tel. _____ Address _____ NJA# _____

For Office use only

Grave No. _____ Section _____ Contract No. _____ Date of Burial _____

Infant