

FUNERAL (JANAZAH) FORM

Assalamalaikum,

"To Allah we belong and to Him we shall return."
(Quran Surat Al Baqarah 2:156)

We are sorry to hear of your loss and pray that Allah blesses you and your family immense imaan (faith), taqwa (God-consciousness), sakeenah (tranquility), sabr (patience) and peace in your hearts and grant your loved one the highest level of Paradise. Ameen.

We are here to assist you in making the funeral (janazah) process as simple and easy for you and your loved one.

Our full burial costs and details are below:

Full Burial	COST
<ul style="list-style-type: none">• Full Ghusl (Ritual Washing)• Body Preparation• Funeral (Janazah) Prayer• Body Transportation from ICC Tempe to Cemetery• Grave Borders, Body Burial & Headstone Preparation• Cemetery Registration• Death Certificate Paperwork Processing• Mortuary Release & Transportation Processing• Family Access to Cemetery	Adult: \$2,500 Infant: \$800

**ICC**

Islamic Community Center of Tempe

CEMETERY REGISTRATION

DECEASED INFORMATION								
First Name			Middle Name			Last Name		
Gender			Age			Social Security Number		
<input type="checkbox"/>	Male		<input type="checkbox"/>	Female				
Date of Birth			Date of Death			Date of Burial		
MM	DD	YYYY	MM	DD	YYYY	MM	DD	YYYY
DEATH CERTIFICATE NUMBER & CAUSE OF DEATH								
Death Certificate Number			Cause of Death					
CONTAGIOUS DISEASES								
Does your loved one have any contagious diseases our staff should be aware of? <i>Due to our Funeral (Janazah) Processing Policy we are required to ask this question to protect the safety and health of our staff and the community.</i>								
<input type="checkbox"/> Yes			Disease Name/Type of Disease:					
<input type="checkbox"/> No								
HEADSTONE INFORMATION								
Name on Headstone/Alias (if any): <i>Note: Headstone will include: Name, Date of Birth, and Date of Death</i>								

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PRIMARY RELATIVE/GUARDIAN INFORMATION

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

SECONDARY RELATIVE/GUARDIAN INFORMATION

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

Financial Responsibility Agreement & ICC Cemetery Policy

I acknowledge that the deceased _____ (name of deceased) was known to me and was my _____ (relationship).

I take full responsibility for the cost incurred in the process of burial. This process includes, but is not limited to: Certificate of Clearance from the county, transportation of the body to the Islamic Community Center of Tempe, storage of the body till the funeral, transportation from the Islamic Community Center of Tempe to the cemetery, burial, headstone, and grave borders.

To the best of my knowledge I have provided all accurate information in the forms above and understand the following:

1. ICC Tempe will construct the grave borders and will provide a headstone. Building the grave border. Ordering and receiving the headstone may take up to 6 months.
2. I have seen a picture of the current grave borders and headstone and have no objection to it.
3. Under any circumstances, no one shall build on any grave without prior written approval from the ICC Tempe Board.
4. By burying the deceased at the ICC Tempe Cemetery, I am not purchasing a grave lot or any land in the ICC Tempe Cemetery
5. I understand that I am only allowed cemetery visits to visit deceased relative(s) and or other Muslims and cannot add any additional structures or items to the grave or cemetery.
6. The cemetery's combination/lock is property of ICC Tempe and should be returned to ICC Tempe upon request from ICC Tempe Management. ICC Tempe reserves the right to change combination/key without notice to any family member. To ensure you have the correct combination/key please call (480)894-6070.
7. Any errors or mistakes in the death certificate are not the responsibility of ICC Tempe
8. The ICC Tempe Board of Directors has the full authority of ICC Tempe Cemetery affairs and can make any change to the ICC Cemetery including graves without approval by or notice to any family member of the deceased.

Printed Name:	
Date:	
Signature:	

Agreement & Payment

INITIALS	
	I understand that the name/alias provided in the “Deceased Information” section is correct and will be used for the headstone
	I have read and understood and have been provided a copy of the Cemetery Policies and understand I cannot make any changes to the grave without written permission from ICC Tempe Board of Directors
	I accept full financial responsibility for all costs related to this burial

Responsible Party (Primary Relative/Guardian)

Printed Name:	
Date:	
Signature:	

Cemetery Representative

Printed Name:	
Date:	
Signature:	

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-----OFFICE USE ONLY-----

Grave Number:			
Processed by (ICC Staff Name)			
Payment Information		Amount Due:	
	Cash	Amount Paid:	
	Check /Check#:	Remaining Balance:	
	Credit Card	Payment Due:	
Mortuary Payment			
Name of Mortuary:			
Amount:	Date:	Check #:	