Islamic Center of Southern California

Today's date:

Name of Decedent -	First	Middle	Middle			Last (Family)			
Date of Birth	Age Yrs	If Under Months	1 Yeas Days	If Under 24 Hours Mir		Sex	Date of death	Hour	
State of Birth	Social Security	/#	Military Service NO 19 to		Mar	ital Status	Education (describe)		
Race	Hispanic - Spe	Hispanic - Specify				mployer			
	Yes		No						
Qccupation		Kind of E	Kind of Business			Years in Occupation		pation	
Residence - Street Number					City of death				
County			Zip Yea		rs in Cou	nty	State/Foreign Country		
Informant	Relation	Relation Addres			ss - City Zip				
Name of Surviving Spouse - First		Middle	Middle		Las	Last			
Name of Father - First		Middle	Middle			Last Birth State		Birth State	
Name of Mother - First		Middle	Middle			Last		Birth State	
				10.		. # ##			
No. of Death Certificate rec		Corone			er Case # (if any):				
Burial at:		Grave #:			ial on	At			
For shipment out of sa Due to additional required body arrives at the Cente	ments the shipment fro								
Name of Consignee:	-								
Address:	1 2								
Phone:	8								
 Cemetary Address: 									
Signed:				Today's D	ate:				