

JEFFERSON MUSLIM ASSOCIATION INC
4425 DAVID DRIVE. METAIRIE, LA 70003
WWW.JMANOLA.ORG

DECEASED'S INFORMATION

Name: (Last, first, middle)

Date of Death: _____

Hour of Death: _____

City/State of Death: _____

Social Security Number: _____

Sex: (Circle) M F

Race: Please circle one of the following.

White - Black - Asian - Native American - Pacific Islander - Other _____

Marital Status: Please circle one of the following.

Married - Never Married - Widowed - Divorced

Surviving Spouse: _____

Date of Birth: _____ Current Age: _____

Birth Place: (City, State, and Country)

Usual Occupation: (Kind of work done during most of working life. NEVER specify retired): _____

Education: Elementary/Secondary (0-12) College (1-4 5+) _____

Address: _____

City: _____ State: _____ Parish: _____

Father's Name: (Last, first, middle)

Father's Place of Birth: _____

Mother's Name: (Maiden Name, first, middle)

Mother's Place of Birth: _____

Person responsible for arrangements or NEXT OF KIN

Name: (Last, first, middle)

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

FOR STAFF USE ONLY

Names/Phone Numbers of Volunteers Washing Body (PRINT CLEARLY):

1. _____

2. _____

3. _____

4. _____