

**MUSLIM FUNERAL SERVICES LTD**



**APPLICATION & CONSENT FORM:**

This application form gives permission to MFS to perform the Funeral of the deceased with the consent of the Next of Kin or Authorised representative.

This form **MUST** be completed. **PLEASE PRINT CLEARLY.**

ALL of the information of the deceased, including details of the family, marriages and children is **COMPULSORY** for the registration of the death with the Department of Births, Deaths and Marriages. Correct information is essential.

For any non-applicable information (eg: deceased is not married or has no children) please insert N/A on the form.

**DECEASED DETAILS** (as per Identity document:)

|                      |  |                    |                |           |                |
|----------------------|--|--------------------|----------------|-----------|----------------|
| Burial Day: (TBC)    |  | Burial Date: (TBC) |                | Time      | Am/Pm          |
| Surname of Deceased: |  |                    | First Name:    | Mr/Mrs/Ms |                |
| Home Address:        |  |                    |                |           |                |
| Suburb:              |  |                    |                | Post Code |                |
| Home Telephone:      |  |                    |                |           |                |
| M                    |  | F                  |                | AGE:      | Date of Birth: |
|                      |  |                    | Date of Death: |           |                |

|                                 |  |                                                       |                                     |                                    |                                                       |
|---------------------------------|--|-------------------------------------------------------|-------------------------------------|------------------------------------|-------------------------------------------------------|
| Place of death:                 |  |                                                       |                                     |                                    |                                                       |
| Is death certificate available: |  | <input type="checkbox"/> Y <input type="checkbox"/> N | If NOT when will be available:      |                                    |                                                       |
| Pick up Venue:                  |  |                                                       |                                     | Pick up time:                      |                                                       |
| Ghusl Venue:                    |  |                                                       |                                     | Ghusl venue confirmed:             | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Burial Venue:                   |  |                                                       |                                     | Burial time:                       |                                                       |
|                                 |  | <input type="checkbox"/> Mt Gravatt                   | <input type="checkbox"/> Gold Coast | <input type="checkbox"/> Beenleigh |                                                       |

|                                                           |  |                          |                          |         |                          |                                               |                          |
|-----------------------------------------------------------|--|--------------------------|--------------------------|---------|--------------------------|-----------------------------------------------|--------------------------|
| Usual Occupation of Deceased:                             |  | Was the Deceased retired |                          | YES     |                          | NO                                            |                          |
| Place of Birth:                                           |  | City                     | Country                  |         |                          |                                               |                          |
| If born overseas, what year Deceased arrive in Australia: |  |                          |                          |         |                          |                                               |                          |
| Was Deceased of Aboriginal origin                         |  | YES                      |                          | NO      |                          | Was Deceased of Torres Strait Islander origin |                          |
|                                                           |  | YES                      |                          | NO      |                          | YES                                           |                          |
| Marital Status at time of death                           |  | Single                   | <input type="checkbox"/> | Married | <input type="checkbox"/> | Widowed                                       | <input type="checkbox"/> |
|                                                           |  |                          |                          | Defacto | <input type="checkbox"/> | Divorced                                      | <input type="checkbox"/> |
|                                                           |  |                          |                          | Unknown | <input type="checkbox"/> |                                               |                          |

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MARRIAGES OF THE DECEASED:

Table with 4 columns: Place of Marriage (City & Country), Age of Deceased at time of Marriage, First Name of Spouse, Last Name of Spouse at time of Marriage. Rows 1-4.

PARENTS of DECEASED:

Table with 4 columns: First Name, Last Name, Occupation during working life. Rows for Father and Mother.

CHILDREN OF DECEASED:

List FIRST name of all the deceased's children oldest to youngest. If child deceased insert "D", if stillborn "SB", if no children write none. Include legally adopted children.

Table with 4 columns: First Name, Date of Birth, Age. Rows 1-7.

NEXT of KIN Details:

Table for Next of Kin Details with columns for Surname, First name, Relationship to deceased, Address of NOK (Street, Suburb, State, Code), Mobile, Tel, Fax.

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|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Email |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

- This is to confirm that I am the authorized next of kin or representative of the deceased, and/or I act with the full authority of the family of the deceased
- I confirm that the Deceased is Muslim, and to the best of my knowledge the deceased believed that there is only one God (Allah) and that the Prophet Muhammed (SAW) is the final prophet of Allah SWT
- I understand that MFS is a Funeral Director and as such is not responsible for arrangements regarding any specific requests for a specific Imam or mosque service or graveside prayers. The family will need to make these specific arrangements
- I understand that MFS provides services in accordance with Islamic practice and principle and will not emulate any practice or request considered to be outside that of generally accepted Islamic practice and that the MFS team will regretfully decline any such request
- I also confirm that I am liable to pay all fees and charges due for the funeral
- I also understand that Muslim Funeral Services Ltd & Brisbane Muslim Burial Services Inc will not be held responsible for any error or omission beyond their control
  
- I do NOT hold MFS Ltd or its Directors, employees or volunteers responsible for an injury (either physical or psychological) sustained by myself or any person nominated by me, whilst observing any of the Islamic customs of washing the body, lifting & carrying the body, whilst travelling in the transfer / burial vehicle, at the grave side or when entering the grave to lower the remains of the deceased into the grave. My participation in any of these is a part of my Islamic faith and at my request
- I hereby give **consent** to MFS Ltd / BMBS Inc. to make all the necessary funeral arrangements for the deceased including the local council grave booking and to complete all the necessary regulatory paperwork as required by law.
- I understand that all fees due are payable on the day of the funeral. The fee is approximately \$ 5000 (Brisbane) to \$ 6000 (Gold Coast) for a normal office hour funeral and up to \$6500 on weekends and after hours.
- Appropriate arrangements for the fee settlement must be discussed with MFS once the form is submitted. MFS will only proceed with the necessary bookings once this has been done.
- This form, the original local council application forms and the death registration form will have to be signed
- By submitting this form I acknowledge that I understand & accept the above terms and conditions and acknowledge that the information provided is correct

Dated at (Suburb) \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

|                  |                       |
|------------------|-----------------------|
| Name of NOK      | Signature NOK:        |
| Name of witness: | Signature of witness: |