



In the Name of Allah Most Gracious Most Merciful  
THE CHARLOTTE MUSLIM CEMETERY  
6928 The Plaza Charlotte, NC 28215  
ICC Tel: (704)537-9399, ISGC Tel: (704)536-2016

**APPLICATION FORM FOR BURIAL**

Name of the deceased: \_\_\_\_\_ Sex \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_

Date and Place of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_

Doctor/Hospital Death Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

State/County Death Certificate No. \_\_\_\_\_ Date \_\_\_\_\_ (To be filed within a month)

Body located at or Brought by \_\_\_\_\_

(Name & Address)

Contact Person Name \_\_\_\_\_, Tel \_\_\_\_\_

(Person signing this application should state his/her relationship with the deceased)

I, \_\_\_\_\_ hereby confirm that all the above Information is true to my best knowledge and also hereby agree to abide by all the rules and regulations for the use of the cemetery.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

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**(For Official Use Only)**

Approved by \_\_\_\_\_ Dated \_\_\_\_\_

Grave Lot # \_\_\_\_\_ Payment received \_\_\_\_\_

Date of Burial \_\_\_\_\_ Burial Arrangements made by \_\_\_\_\_



**AUTHORIZATION, CONSENT AND RELEASE OF LIABILITY**

I/We, the undersigned, certify, warrant, and represent that I/We have the full legal right and authority to, and permission from any and all other relatives, guardians or conservators to authorize the Cemetery Committee of the Islamic Center of Charlotte (“ICC”) and the Islamic Center of Greater Charlotte (hereinafter referred to “the Committee”) to process the Islamic burial of \_\_\_\_\_ (Name of Deceased) (hereinafter referred to as “the Deceased”), and further no one else has this authority.

I/We agree to indemnify, release, and hold the Committee, their affiliates, agents, employees and assigns, harmless from any and all loss, damages, liability or causes of actions (including attorneys’ fees and expenses of litigation) in connection with the Islamic burial of the deceased, as authorized herein.

Except as set forth in this authorization, no warranties, expressed or implied, are made by the Committee or any of their respective affiliates, agents, or employees.

I/We warrant that all representations and statements made herein are true and correct, and that I/We have read and understand the provisions contained in this document.

\_\_\_\_\_  
 (Print Name) (Signature) (Date)

\_\_\_\_\_  
 (Address) (Phone #) (Relationship)

\_\_\_\_\_  
 (Print Name) (Signature) (Date)

\_\_\_\_\_  
 (Address) (Phone #) (Relationship)

\_\_\_\_\_  
 (Print Name) (Signature) (Date)

\_\_\_\_\_  
 (Address) (Phone #) (Relationship)

Witness: \_\_\_\_\_  
 (Signature) (Date)



In the Name of Allah Most Gracious Most Merciful

S T A T E M E N T

I, \_\_\_\_\_ the undersigned, legally competent, being duly sworn, depose and state that the deceased Brother/Sister \_\_\_\_\_ is Muslim since \_\_\_\_\_ (the year)

NAME: (First, Middle, Last)

\_\_\_\_\_

NAME: (First, Middle, Last)

\_\_\_\_\_

HOME ADDRESS: (Number, Street, City, State ZIP Code)

TELEPHONE NUMBER : HOME \_\_\_\_\_

CELL \_\_\_\_\_

I further declare and affirm that the abovementioned information is true and correct to the best of my knowledge, and I take responsibility before Allah and the Cemetery Committee of the Islamic Cemetery of Charlotte.

\_\_\_\_\_

FULL NAME AND SIGNATURE

\_\_\_\_\_

DATE