



IN THE NAME OF ALLAH
THE MERCIFUL, THE COMPASSIONATE

Municipal Form No. 103 (Revised January 2007, attachment)		(To be accomplished in quadruplicate using black ink)
Province _____ City/Municipality _____		Registry No. _____
1. NAME OF DECEASED (First) (Middle) (Last) INCLUDING HAJ NAME AND TRADITIONAL TITLE, if any		
2. DATE OF DEATH (Day) (Month) (Year) Gregorian Calendar _____ Hijrah Calendar _____		3. DATE OF BIRTH (Day) (Month) (Year) Gregorian Calendar _____ Hijrah Calendar _____
4. FULL NAME OF SPOUSE(S) in chronological listing _____ _____		
7. PERSON WHO PERFORMED BURIAL RITES Signature _____ Address _____ Name of Officiating Person _____ Title/Position/Designation _____ Date _____		