

**Hussain's Islamic Funeral Service, P.A.  
9150 Lanham Severn Road, Lanham, MD 20706**

**(240)206-0639**

**Vital Statistics Record**  
Please print clearly and fill in every box

To the Funeral Director: After this form has been completed. Carefully verify and transcribe the information from this form into the signed original State of Maryland's DHMH 17 form received from the Medical Examiner.

1. Decedent's Name (First, Middle, Last)				2. Date of Death Month          Day          Year			3. Time of Death		
4a. Facility Name (if not institution, give street name and number)				4b. City, Town or Location of Death			4c. County of Death		
5. Social Security Number		6. Sex  1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	7. Age (in Yrs. last birthday)  Yrs.          Months          Days		If Under 1 Year  Months          Days		If Under 24Hrs.  Hours          Min	8. Date of Birth (MM/DD/YYYY)	9. Birthplace (State of Foreign Country)
Usual Residence of Decedent									
10a. State		10b. County		10c. City, Town or Location				10d. Inside City Limits  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
10e. Street and Number				10f. Zip Code		10g. Citizen of What Country?			
11. Marital Status 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced Name of Spouse (if applicable)			12. Was Decedent Ever in U.S. Armed Forces?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No If Yes, Give Year or Dates:		13. Was decedent of Hispanic Origin? Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No  <i>Specify:</i>		14. Race - American Indian, Black, White, etc.  <i>Specify:</i>		
15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)			College (1-4 or 5+ years)		16a. Decedent's Usual Occupation (Give the Kind of Work done during most of working life. DO NOT use retired)		16b. Kind of Business/Industry		
17. Father's Name (First, Middle, Last)				18. Mother's Name (First, Middle, Maiden Surname)					
19a. Informant's Name/Relationship (Type/Print)				19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
20a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other <i>Specify:</i>			20b. Place of Disposition (Name of cemetery, )		Date	20c. Location - City or Town, State			
21. Signature of Funeral Service Licensee  ▶				22. Name and Address of Funeral Facility   <i>Hussain's Islamic Funeral Services, PA 9150 Lanham-Severn Road. Lanham, MD 20706</i>					

Additional Information about the Deceased

**Height:**

**Weight:**

**A. Approximately how many persons do you expect to attend the funeral service?**

**B. Will any special accommodations need to be made for the guests?**

**C. Venue for Funeral Service? (PGMA or some other location)**

Additional Location:  
1808 Woodlawn Drive Suite Z  
Woodlawn, MD 21207  
Revised July 2013