

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)

1. Decedants 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.		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			11a. Name of Spouse		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)				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		
Elementary/Secondary (0-12)			College (1-4 or 5+)						
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, crematory or other place)		Date	20c. Location - City or Town, State		
21. Signature of Funeral Service Licensee				22. Name and Address of Facility Hussain's Islamic Funeral Services 9150 Lanham Severn Rd. Lanham, MD 20706					

Additional Information Needed

Height:

Weight:

Cause of Death:

A. How many family members will participate in the wash?

B. How many family/friends/relatives do you expect to attend the funeral service?

C. Will any special accommodations need to be made for the guest?

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