



Islamic Society of Tampa Bay Area - Info Sheet for ISTABA Dear Departed

- Filled out by _____ Relation to deceased _____
- Phone #: _____ Email: _____
- Address: _____

Our phone#: 813-628-0007 [Fax: (813) 570-8628] Email to: mainoffice@istaba.org

Solicitation for Funds? Yes No

- 1) Deceased: Br / Sr / Child / Baby name : _____
- 2) Want to include Picture or photo of Deceased? _____, if yes, please email it to **mainoffice@istaba.org**
- 3) Date of Birth : _____, Date of Death : _____
- 4) Passed away in Florida / _____ at age _____
- 5) Family is Originally from : _____
- 6) Family members to be mentioned in email : _____
 - a) Husband (Late ?) : _____
 - b) Wife (Late?) : _____
 - c) # _____ Sons : 1. _____ Wife : _____
 2. _____ Wife : _____
 3. _____ Wife : _____
 4. _____ Wife : _____
 - d) # _____ Daughters: 1. _____ husband: _____
 2. _____ husband: _____
 3. _____ husband: _____
 4. _____ husband: _____
 - e) No. of Grandchildren: _____
 - f) Other Relatives 1. Name: _____ Relationship : _____
- 7) Payment will be made by : _____
- 8) Burial Prayer at _____ Time : _____

Office use only :

- 9) Lot # and Space # : _____
- 10) Funeral cost (Adult) : _____ (baby) : _____
- 11) Special Requests / instructions: _____
- 12) Burial Day : _____ Date: _____ Time: _____
- 13) Food tray desired : _____ Pick up in the office Time : _____