



Muslim Funeral Society

www.muslimfs.com

Mohammed Saeed (President)

Wasim Akhtar (General Secretary) 07568085129

Muslimfuneralsociety@gmail.com

Muslim Funeral Society Application Form

Section "A" (To be completed by the applicant)

Name of applicant: Date of birth:

Address:

Telephone: Mobile No: Email Address:

Spouse' Name: Spouse's Date of birth..... No of children (under 18 yrs old)

Details of children under the age old 18 years residing in U.K

No	Full Name	Date of Birth	Age	Gender
1				
2				
3				
4				
5				
6				
7				
8				

I the undersigned do solemnly declare that the information given on this form is correct.

I will abide by the rules and regulations of the Muslim Funeral Society - A copy of which I have received.

Signed:

Date:

Section "B" For office use only.

Check and tick all documentation and fees below. (Check payment has been made via bank transfer)

Doctors Letter ☐ Proof of ID & Address ☐ Membership Fee Paid ☐ Annual Subscription Fee Paid ☐

Membership No..... Comments.....

Secretary Name

Date



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Full Name:

Date of birth:

Address:

.....

Spouse Name: Spouse Date of Birth:

Dear Doctor,

I/We have applied to join the Muslim Funeral Society and they require the following information.

1. Does this person and/or Spouse and/or any named children named in the Application Form (see reverse of this letter) currently suffer from any terminal illnesses or are they on the Palliative care register? Yes/No (please circle)
2. Does this person and/or Spouse and/or any named children named in the Application Form (see reverse of this letter) currently receiving any hospital treatment? Yes/No (please circle)
3. Does this person and/or Spouse and/or any named children named in the Application Form (see reverse of this letter) been diagnosed as being HIV Positive? Yes/No (please circle)

Date:

Practice Stamp:

Many thanks for your time in filling this form out.