

Muslim Funeral Home of Rockford

First Call Record

Name of Deceased: _____ Race _____

Date of Death: _____ Time of Death: _____ US army _____

Social Security # of Deceased: _____ Date of Birth of Deceased: _____

Place of Death: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Doctor: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Next of Kin: _____ Relationship: _____

Next of Kin: Phone Number: _____

Is the family present? Are they ready for us to come? Would you like the director to call you back with an ETA?

Person Receiving Call: _____ Date: _____ Time: _____

Marital status at the time of death _____ surviving partner maiden Name _____

Father Name Full _____ Mother Name Full _____ (maiden)

Mailing address _____

Disposition: _____

Decedent Education _____ Occupation _____ Bussiness/Industry _____

Please obtain a copy of ID and social security of decedent