



## Islamic Society of Greater Salt Lake

### Interment Data Sheet Proposal

Today's Date:	
Services For:	
Date of Birth:	Date of Death:
Address of the Deceased:	
County / City of Death:	
Where Death occurred:	
Cause of Death (Natural or Accident):	
Verifying Doctor/Physician (Name and Phone/Contact):	
Transporting company & Person:	
Contact Person Name:	Phone:
ISGSL Associate Assisting:	Phone:
Location Assigned for Deceased:	
Prepaid space (circle one)	Yes                  No
Amount Paid:	
Marker Request:	
Site Personally verified by:	
Signed & Dated from ISGSL Member:	
_____	Date: _____
Signed & Date by Deceased Family member or contact:	
_____	Date: _____