

SECTION \_\_\_\_ LOT NO. \_\_\_\_  
SPECIFY TYPE OF HOSPITAL OR GOVERNMENTAL AGENCY DEATH DOCUMENT ATTACHED \_\_\_\_\_

**Georgia Islamic Institute of Religious and Social Sciences, Inc. (GIIRSS)**  
**177 Simonton Road, Lawrenceville, Georgia 30046**  
TEL: 770-339-1122 FAX: 770-995-3118

**APPLICATION FOR ALLOCATION OF CEMETERY LOT & AUTHORIZATION FOR INTERMENT**

AT  
**MUSLIM CEMETERY OF LAWRENCEVILLE**  
1849 NEW HOPE ROAD, LAWRENCEVILLE, GEORGIA 30045

**1. INFORMATION ON DECEASED**

LAST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
AGE / DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_  MALE  FEMALE  
LAST ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_ TIME OF DEATH: \_\_\_\_\_ CAUSE OF DEATH: \_\_\_\_\_  
PLACE OF DEATH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**2. APPLICANT INFORMATION**

LAST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  MALE  FEMALE  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TEL: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_  
RELATIONSHIP TO DECEASED: \_\_\_\_\_

*I hereby affirm and certify that all information provided in this application is true and correct to the best of my knowledge, and that I have read and fully understand and shall abide by the Rules and Regulations of Muslim Cemetery of Lawrenceville/GIIRSS.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. SERVICES TO BE PROVIDED BY GIIRSS**

- A. Cemetery Lot, Wooden Casket (as per Gwinnett County Regulations)

**PAYMENT MUST BE PAID FULL IN ADVANCE, BEFORE ANY INTERMENT AUTHORIZATION WILL BE ISSUED**  
**ANNUAL MAINTENANCE FEE IS REQUIRED TO BE PAID EACH JANUARY**

RECEIVED FROM: \_\_\_\_\_ AMOUNT RECEIVED: \_\_\_\_\_  
 CASH  CHECK NO: \_\_\_\_\_ DATED: \_\_\_\_\_ D.L.# \_\_\_\_\_

**4. SERVICES TO BE PROVIDED BY AND PAYABLE DIRECTLY TO FUNERAL HOME**

- A. Receiving the deceased, transporting to Funeral Home and Transporting to Muslim Cemetery of Lawrenceville
- B. Use of Funeral Home facilities for preparation (*Ghusul*) arranged by Georgia Islamic Institute
- C. Excavation of grave, back filling and installing grass sod, as per Gwinnett County Conditions
- D. Providing and placing rigid plastic grave lining vault (Vantage Vault) as per Gwinnett County Conditions
- E. Filing of all documentations for Permit, Death Certificate and Social Security Administration
- F. Provide and place standardized flat stone marker (per Gwinnett County Conditions), engraved with name, date of birth & death

**NOTE: ONLY AUTHORIZED FUNERAL HOME ARE AUTHORIZED TO PROVIDE SERVICES DESCRIBED IN ITEMS C, D, & F**

**5. CONTACT PHONE NUMBERS**

**Georgia Islamic Institute Office: 770-339-1122 Hafiz Abdul Ghaffar Khan : 404-348-3479 (Cell)**