



MCA FUNERAL HOME

Muslim Community Association

1755 Catherine Street, Santa Clara, CA 95050

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License # FD2206

<http://www.mcabayarea.org/about---us/funeral---services>

1. First Name _____ Please fill out all below _____
2. Middle Name _____ AKA _____
3. Last Name _____ RACE _____
4. Date of Birth _____ Military- Yes or No _____
5. State or Country of Birth _____
6. Social Security Number: _____
7. Martial Status (Check One) Never Married Married Divorced Widowed
8. Occupation _____ Highest Grade of Education _____
9. Kind of Business _____
10. Years in Occupation _____ Sex Male Female _____
11. Residence Address: _____
12. City, State, and Zip Code: _____
13. Home Phone Number: _____ Years Living in County of Residence? _____
14. Name of Spouse (Maiden) (First, Middle, Last) _____
15. Name of Father (First, Middle, Last) _____
16. State Father was born in (or foreign country) _____
17. Name of Mother (Maiden) (First, Middle, Last) _____
18. State Mother was born in (or foreign country) _____
19. Name and Address of Person completing this form: _____
20. Relationship of the person completing this form: _____
21. Name of Cemetery **or** Disposition of Cremated Remains: _____