Riaz-ul Jannah

SC. Upstate private Muslim Cemetery

A unit of Islamic Societies of Greenville, Spartanburg & Clemson (Only for Muslim County Residents of Anderson, Cherokee, Greenville, Laurens, Oconee, Pickens and Spartanburg)

Date of Burial: /								
Bur	rial Record							
Name of Deceased: (Last Name)		Name)						
(Last Name)	(First P	vame)	(Middle Name)					
SexDate of Birth//DD /Da	te of Death/	_/ SS #	//					
Place of Death								
Address:								
		State	z Zip					
Responsible person for deceased:	Last Name	First Name	Middle Name					
Address:								
Street	Cit		ate Zip					
Phone: ()	() Cell						
T	a.a.l		4h					
I, Muslim faith and I am responsible for the	he navment of the	hurial cost. I ha	we read the rules					
and regulations of the Riaz-ul Jannah co								
understand that the management has or	•	0	•					
neither owned nor leased to me. I pledge	v -		· •					
Islamic Shariah (Fiqh us-Sunnah). I aut		· ·	_					
demolish any structure that I or family	_		_					
may have constructed on the grave which								
has the right to ask for the Headstone in	stallation, howev	er ISG will order	r and install the					
headstone as per their approved pattern	with no Arabic i	nscription or vei	ses from Quran,					
and the family will be responsible for th	e cost. I will also a	abide with the ru	le that the ISG					
responsible person will lead the funeral	prayer as per Fiq	h us-Sunnah or	the prayer will be					
held at some other location. The manage	ement's decision i	n this regard wil	l be final and I					
shall not dispute that decision.								
G* 4		District	, ,					
Signature Signature of a person authorized by the fami	ly of the deceased	Date:	_//					
Witnesses:								
NameSign	ature	Da	te: / /					
NameSign								
~-8								
Cost of burial is \$ 3,000 with Headstone	; \$2,700 without I	Headstone – For	Members					
Cost of burial is \$ 4,800 with Headstone Cost of Infant burial is \$ 1,000	; \$4,500 without I	Headstone – For	Non Members					
Cost of Imane Buildi is \$ 1,000								
I would like donate \$to I	Riaz-ul Jannah M	uslim cemetery.						
Mambarshin #								
Membership #	_	Revised M	ar. 3rd 2022					



SOUTH CAROLINA CERTIFICATE OF DEATH FUNERAL HOME WORKSHEET

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)								2. SEX	3. SOCIAL SECURITY NUMBER				
4a. AGE-Last Birthday	4b. UNDER 1	YEAR	4c. UNDER	1 DAY			TE OF I		6. BIRTHPLACE	(City and S	tate or Foreign Country)		
(Years)	Months	Days	Hours	Minute	es	(MM/I	DD/YYY	Ύ)					
7a. RESIDENCE-STATE	_I	7b. COUN	NTY	-				7c. CIT	Y OR TOWN				
7d. STREET AND NUMBI	FR				74	7e. APT. NO. 7f. Z			IP CODE 7g. INSIDE CITY LIMITS?				
7d. OTTLET AND NOMB	LIX				'	5. Al I.	NO.	71. 211	JOBE		Yes No		
8. EVER IN US	O MADITAL ST	ATLIC AT TI	ME OF DEATH		140 0115	0\ /I\ /INI/	C CDOL	ICE'C NA	ME (Name prior to fir	ot marriaga	\		
ARMED FORCES?			ATUS AT TIME OF DEATH 10. SURVIVING SPOUSE'S NAME (Name prior to first marriage) 11. Surviving Spouse's NAME (Name prior to first marriage)								,		
☐ Yes ☐ No	☐ Divorced ☐												
11. FATHER'S NAME (Fir	st. Middle. Last)				12. MO	THER'S	S NAME	PRIOR T	O FIRST MARRIAGE	E (First. Mid	Idle. Last)		
(,				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)								
						1							
13a. INFORMANT'S LEG	AL NAME	'	13b. RELATIOI	NSHIP TO	O DECED	DENT	13c. M	AILING A	.ING ADDRESS (Street and Number, City, State, Zip Code)				
18. METHOD OF DISPOS	_	al Cren	l.	19. PLA	CE OF DI	SPOSI	TION (N	lame of c	emetery, crematory, c	ther place)			
☐ Donation ☐ Entomb	_	noval from s	tate										
Other (Specify)													
20. LOCATION-CITY, TOV	VN, AND STATE												
51. DECEDENT'S EDUC the box that best describes degree or level of school co time of death. 8th grade or less 9th-12th grade; no diple	the highest empleted at the	best desc Latino/La Hispanic	52. DECEDENT OF HISPANIC ORIGIN? Check the box the best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish Hispanic/Latino/Latina. □ No, not Spanish/Hispanic/Latino/Latina					c/ inconish/	indicate what the decedent considered himself or herself to be. White Black or African American American Indian or Alaska Native (Name of the enrolled or principal tribe)				
		☐ Yes, N	☐ Yes, Mexican, Mexican American, Chicano/Chicana						☐ Asian Indian ☐ Chinese				
High school graduate o	·	☐ Yes. F	Puerto Rican					- 1	☐ Filipino				
Some college credit, bu	ut no degree		·					- 1	□ Japanese				
☐ Associate degree (e.g.,	, AA, AS)	☐ Yes, C	☐ Yes, Cuban						☐ Korean				
☐ Bachelor's degree (e.g.	., BA, AB, BS)	☐ Yes, c	☐ Yes, other Spanish/Hispanic/Latino/Latina						☐ Vietnamese ☐ Other Asian (Specify)				
☐ Master's degree (e.g., l	(e.g., MA, MS, MEng, (Specify)								Native Hawaiian				
MEd, MSW, MBA)		(0)							Guamanian or Chamoi	Suamanian or Chamorro			
Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)									Samoan				
									Other Pacific Islander (Specify)				
F4 DECEDENT'S LISUAL	OCCUPATION	(Indicate tu	as of work don	o durina	most of u	orkina	lifo DO		Other (Specify)				
54. DECEDENT'S USUAL	OCCUPATION	(indicate typ	be of work don	ie during i	most of w	orking	ille. DO	NOT USE	I THE TERM RETIR	ED.)			
55. KIND OF BUSINESS/INI	DUSTRY												
00.14.11.2 01.200.11.200.11.11													
The information I understand the										accurate	and truthful.		
Signature of Informant Required								Date Required					
The collection and report (see 45 CFR §§ 160.203											from the death certificate.		
For DHEC Use (Only												
State File #	1 1 1 1 1 1 1		Date of D	eath ₋					_				