

Janaza Application Form

Details of the deceased person

Full Name of the deceased person: _____

Gender: Male / Female Date of birth: _____ Date of death: _____

Ethnicity: _____ Nationality: _____

Address: _____

_____ Post Code: _____

Cause of death: _____

Please attach a copy of death certificate. Copy of death certificate attached (Please circle): Yes / No

Details of the person filling up the form

Full Name: _____

Date of birth: _____ Relation to the deceased: _____

Address: _____

_____ Post Code: _____

Tel No: _____ Mob No: _____

Email: _____

Signature: _____ Date: _____

Data protection: *In accordance with the General Data Protection Regulation, data collected will be used exclusively for the purpose of the Janaza (Funeral prayer). LIC will treat your information with utmost respect and will not share or sell your data.*

By signing above, you understand that Lewisham Islamic Centre has a legitimate interest to collect and process your personal data in order to meet the mandatory requirements. Furthermore, you agree that Lewisham Islamic Centre may process your information for the purpose of which it was intended for in accordance with the LIC privacy notice. For further details please refer to our privacy notice on our website, under Documents.

Official Use

Received by: _____ Signature _____ Date: _____

Additional Information: _____