AZZAHRA INTERNATIONAL FOUNDATION
Hamza Cemetery & Funeral Home
(514) 727-6666 | www.azzahra.ca

Information Form

❑ Hamza Cemetery Burial
❑ Ship-out of body
Country: _____

Deceased information

Surname : _____
Surname at birth: _____
First name : _____

Place of death: _____
Date of death (yyyy/mm/dd): _____
Time of death: _____
Sex : ❑F ❑M
Weight: _____

Address of the deceased: _____
_____
City : _____
Province : _____
Postal code : _____

Place of birth : _____
Date of birth (yyyy/mm/dd) : _____

Father's surname : _____
Father's first name: _____
Mother's surname at birth : _____
Mother's first name : _____

Supporting identification is verified securely.
Record only information necessary for the file.
Identity checked by (staff): _____

Did the deceased have a pacemaker? ❑Yes ❑No

Civil Status : ❑Married ❑Widowed ❑Divorced ❑Legally separated ❑Common law ❑Single

Number of children: _____ Male : _____ Female : _____ ❑inside Canada ❑outside Canada

Spouse information (go to the next section if the deceased was single)

Surname : _____
Surname at birth : _____
First name : _____

Sex : ❑F ❑M
Address : _____
_____
City : _____
Province : _____
Postal code : _____
Phone number : _____
Email : _____

Place of birth : _____
Date of birth (yyyy/mm/dd) : _____

Father's surname : _____
Father's first name: _____
Mother's surname at birth : _____
Mother's first name : _____

Contact information is used for funeral arrangements
and required administration only.
Identity checked by (staff): _____

Date of marriage (yyyy/mm/dd) : _____
Place of marriage : _____

Date of divorce (yyyy/mm/dd) : _____

Spouse's date of death (yyyy/mm/dd) : _____

Civil Status : ❑Married ❑Widowed ❑Divorced ❑Legally separated ❑Common law ❑Single

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Declarant's information (if other than the spouse)

Surname : _____

Surname at birth : _____

First name : _____

Sex : ❑F ❑M

Relationship with the deceased : _____

Date of birth (yyyy/mm/dd) : _____

Father's surname : _____

Address : _____

Father's first name: _____

_____

Mother's surname at birth : _____

City : _____

Mother's first name : _____

Province : _____

Postal code : _____

Identity verification: use a secure method.
Avoid retaining unnecessary identification details.

Phone number : _____

Email : _____

Identity checked by (staff): _____

Other contact name : _____

Other phone number : _____

Authority to give instructions - state the basis and attach relevant supporting documents:

_____

_____

The declarant confirms that the information supplied is accurate to the best of their knowledge and must disclose any conflicting wishes, family objection or court order before services proceed. Family relationship alone does not establish authority.

Provide applicable wishes, written authority, heir consents or court orders. Staff verify identity securely; do not send unredacted identification by ordinary email.

Special Instructions

_____

_____

_____

_____

_____

_____

_____

_____

Declarant signature (confirming the information above): _____ Date (yyyy/mm/dd): _____

_____

_____ _____

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Information on the Ritual Washing

Location: _____

Name of the Mosque: _____ Date of Ritual Washing (yyyy/mm/dd) : _____

Time of Ritual Washing: _____

Address : _____

City : _____ Contact : _____

Province : _____ Phone number: _____

Postal code : _____ Email: _____

Burial - Cemetery Information

Arrangements made by : _____ Date of burial (yyyy/mm/dd) : _____

Name of cemetery : _____ Time of burial: _____

Address : _____ Section: _____

City : _____ Plot : _____

Province : _____ Lot holder: _____

Postal code : _____ Monument already installed : ❑Yes ❑No

Ship-out - Information on the recipient

Contact in the receiving country:

Surname : _____

First name : _____

Address : _____

City : _____

Province : _____

Country: _____

Postal code : _____

Phone number: _____

Email: _____

Destination:

Airport name: _____

Airport code: _____

City : _____

Province : _____

Country: _____

Language: _____

❑ Passport received

Transfer and personal effects - complete the linked inventory / transfer record

Identification / transfer record reference: _____

Personal effects / inventory reference: _____

Receiving staff / date and time: _____

FUNERAL AND CEMETERY AGREEMENT

After death only | A. Parties and identification

Contract number

Signing date (yyyy/mm/dd)

Address where the contract is signed

Full name of deceased

Last address of deceased

Date of death (yyyy/mm/dd)

Information-file reference

Client (person undertaking payment)

Full address of client

Client telephone

Client email

Funeral service provider - exact legal name
Azzahra International Foundation Inc.

Service provider address
3642 Fleury Street East, Montréal-Nord, QC H1H 2S4

Quebec enterprise number (NEQ)

Funeral-services licence number

Name and address of service provider representative

Hamza cemetery operator - exact legal name

Cemetery / operator address
1101 Mnt Masson, Laval, QC

Verify legal names, licences and authority. Each party answers for the obligations it accepts; all statutory rights remain intact.

GOODS, SERVICES AND PAYMENT

B. Agreed prices in Canadian dollars

Enter the price or 0 if not ordered. Record quantities, distances, models and delivery dates in a signed annex. Leave no price undetermined.

Detailed annex / accepted quotation reference

Type and description	Price
S Recovery and transportation of the body	
G Shroud / coffin (specify model)	
S Body preparation and dressing	
S Hygienic preparation of the body	
S Embalming	
S Ritual washing (ghusl) and prayer (janaza)	
S Coordination / death registration	
R Burial right - cemetery concession	
S Opening and closing of the grave	
G Monument (approved dimensions / wording)	
S Monument installation and foundation	
S Maintenance paid under this contract	
S Transportation	
S Use of the cemetery hall	
S Use of the mosque for the Fatiha memorial gathering	
G Other goods (describe in the annex)	
S Other services (describe in the annex)	

Total goods (G) _____

Total services (S) _____

Total burial right (R) _____

GST (separate amount) _____

QST (separate amount) _____

TOTAL CONTRACT PRICE _____

Deposit received (date in annex) _____

BALANCE DUE _____

Balance due date _____

Payment method _____

Attach any payment schedule and itemized third-party costs. Public benefits or insurance do not guarantee payment. Future annual fees are set out in C.

CONCESSION AND CONDITIONS

C. Hamza Cemetery and performance of services

Section / plot	**Burial-right holder**
Concession start date	**Concession end date**
Permitted number of interments	**Concession / plan reference**

Concession of one 100 cm x 200 cm space for fifty (50) years. The operator confirms the capacity above. This is a right of use; land ownership is not transferred. Any change requires written agreement.

Annual maintenance: CAD $100. Specify any applicable taxes and whether they are included in this amount, covered years, due date and prepaid amounts to prevent duplicate billing. No unilateral price-increase right is granted.

☐ **Prepaid maintenance included in B**

☐ **Annual maintenance billed separately**

Covered years / due date / taxes / maintenance scope (or annex)

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1. Rules and work. Deliver dated cemetery rules before signing. Any monument, inscription, alteration, contractor or grave work requires written cemetery approval and supervision. The client approves the monument wording and drawing in writing before manufacture.

2. Renewal and transfer. The holder keeps contact details current. Renewal or transfer requires lawful authority and written agreement. Expiry or unpaid charges do not authorize automatic exhumation or unlawful reuse of the burial space.

3. Authorizations and timing. Burial, washing and transport are subject to required documents, permits, coroner directions, health rules and safe conditions. Estimated timing may change for events beyond the providers' reasonable control; they must notify the authorized person and mitigate the effects of delay.

4. Changes and cancellation. A signed amendment identifies this contract and states changes to goods, services, prices, taxes and payment dates. Cancellation and refunds follow the law, with an account of work performed and legally payable costs. No deposit is automatically non-refundable.

5. Liability and remedies. Each party remains responsible under law, including for its own fault and persons for whom it is legally responsible. No blanket release, waiver of statutory remedies or exclusion of bodily or moral injury is given. Quebec law and mandatory rules apply.

DECLARATIONS AND SIGNATURES

D. Authority, privacy and acceptance

Person authorized to instruct (if different from client)

Capacity and proof of authority / deceased's wishes / attached consents

The authorized person confirms the information is accurate to their knowledge, discloses known wishes of the deceased and any objection or order, and confirms authority to approve only the described services. Changes must be reported. If authority is uncertain or disputed, contested acts may be paused, subject to legal duties, until sufficient authority or a court decision is received.

Necessary information is used for this contract and legal formalities; access and disclosure are limited to the relevant people and agencies. Any public notice, photograph or family information requires separate authorization. For access, correction or a privacy concern, contact the Foundation at (514) 727-6666; the designated privacy officer is identified in the privacy notice provided.

The client undertakes payment under B. If acting solely as an estate representative, identify the debtor and the scope of authority in a signed annex before contracting. Public benefits or insurance do not replace that undertaking.

☐ **Prearrangement register: proof delivered before contracting**

☐ **Rules, privacy notice and annexes delivered**

Completed information sheets and signed annexes form part of the contract.
Each party keeps a signed copy.

Information required under the Act respecting arrangements for funeral services and sepultures.
The seller must make available to the public, at all times and in each of his establishments, an up-to-date list of the prices of each item of goods and each service that he offers.

Client - signature / date

Authorized person - signature / date

Service provider - signature / date

Cemetery - representative / signature / date