

**ST. MICHAEL'S CATHOLIC CHURCH, SHARJAH**

P. O. BOX 1745, SHARJAH. TEL-06-5662424/5662049 FAX-06-5663324

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**DETAILS OF THE DECEASED**

Affix  
Photograph

Register No. : \_\_\_\_\_

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

Full Name .....

Surname .....

Date of Birth .....Age.....Sex (M/F).....

Home Address .....

Lived in Sharjah .....

Local Address .....

Diocese ..... Parish.....

Nationality .....State / Province.....

Family Contact Nos. ....

Cause of Death .....

Place of Death .....Died on.....

Place of Burial ..... Date of Burial .....

Survived By .....

Immediate Family / Relative / Friend Name : .....

Burial Mass Celebrated By .....

Parish Priest : \_\_\_\_\_

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