

**SHREE HINDU MANDAL
DAR ES SALAAM
WELFARE BOARD**

PHOTO OF
DECEASED

REQUEST FOR CREMATION SERVICES FOR HINDU

| 1. DECEASED DETAILS | |
|--|--|
| 1.1. Full Name of the Deceased | |
| 1.2. Date of death [approx.] | |
| 1.3. Time of death [approx.] | |
| 1.4. Place of death [full physical address] | |
| 1.5. Date of birth | |
| 1.6. Nationality | |
| 1.7. Proof of Nationality: Passport/NIDA/Voters Card | Document type: Number: Issue Date: Expiry Date: |
| 1.8. KIBALI CHA MAZISHI Number | |
| 1.9. Issued by Hospital | |
| 1.10. Date of issue | |

| 2. APPLICANT DETAILS | |
|---|--|
| 2.1. Full Name of Applicant | |
| 2.2. Post Box Number | |
| 2.3. Physical Address | |
| 2.4. Telephone Contact | |
| 2.5. Email address | |
| 2.6. Nationality | |
| 2.7. Proof of Nationality: Passport/NIDA/VOTERS Card Number | Document type: Number: Issue Date: Expiry Date: |

| | |
|---------------------------|--|
| 2.8. Relation to Deceased | |
|---------------------------|--|

| 3. COMMUNITY MEMBERSHIP | |
|---|--|
| 3.1. Name of Community | |
| 3.2. Name of Chairman | |
| 3.3. Telephone Number of Chairman | |
| 3.4. Name of Secretary | |
| 3.5. Telephone Number of Secretary | |
| 3.6. Name of any other community member | |
| 3.7. Telephone Number of Community member | |

| 4. CREMATION DETAILS | |
|--|---|
| 4.1. Proposed date of cremation | |
| 4.2. Proposed time of cremation | <input type="checkbox"/> 10am <input type="checkbox"/> 2pm |
| 4.3. Physical address if different from deceased residential address for funeral cortege | |
| 4.4. Date of Shanti Path | |
| 4.5. Time of Shanti Path | |
| 4.6. Venue of Shanti Path | |
| 4.7. Do you wish to make a Death Announcement in our Facebook group & SSDS Temple Notice Board ? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 5. CREMATION COST CONTRIBUTION PLEDGE | |
|--|---|
| *Please Choose <input checked="" type="checkbox"/> GAS PYRE <input type="checkbox"/> WOOD PYRE | |
| 5.1. Gas Pyre Full Cost | <input type="checkbox"/> Tsh. 840,000/- |
| 5.2. Gas Pyre 50% Waiver | <input type="checkbox"/> Tsh. 420,000/-* |
| 5.3. Gas Pyre 100% Waiver | <input type="checkbox"/> Tsh. 0/-* |
| | *Please fill Waiver Request Form |
| 5.4. Wood Pyre | <input type="checkbox"/> Tsh. 2,500,000/-* |
| | *To be paid in advance. Cremation slot will be allotted upon payment of the cost. |

| 6. DONATION PLEDGE | |
|---|--|
| 6.1. Fill any amount that you wish to donate to the Crematorium | |

DECLARATION BY THE APPLICANT

- 6.2. Ihereby confirm that the information provided above are true to the best of my knowledge AND
- 6.3. I have taken consent and mandate of the family and the next of kin of the deceased to apply for cremation services at Shree Hindu Mandal Dar Es Salaam AND
- 6.4. The family and the next of kin of the deceased have unanimously agreed to cremate the mortal remains of the deceased at Shree Hindu Mandal Crematorium Dar Es Salaam AND
- 6.5. I shall not hold Shree Hindu Mandal Dar Es Salaam liable for any matter as a consequence of cremating the mortal remains of the deceased.

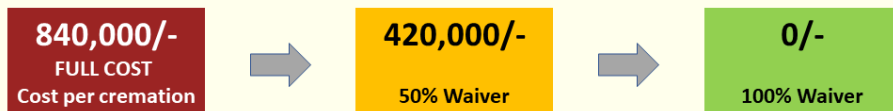
Signature of Applicant.....Date.....

7. UPLOAD DOCUMENTS

- 7.1. Photo of the deceased
- 7.2. KIBALI CHA MAZISHI issued by the Medical Officer
- 7.3. Nationality document of Deceased
- 7.4. Nationality document of Applicant
- 7.5. Consent letter from High Commission/Embassy [if deceased was Non Tanzanian]



CONTRIBUTION FOR CREMATION COSTS



Members are requested to support Crematorium by contributing the Full Cost or any amount they can donate. Waivers of 50% and 100% are also available by filing the Waiver Application Form. Note that Waivers are subject to approval by the Welfare Board.

CONTRIBUTIONS ARE VOLUNTARY AND NOT MANDATORY

Anyone wishing to donate or contribute shall directly deposit/transfer to our bank account:

SHREE HINDU MANDAL- WELFARE
NMB Bank PLC, A/c 24110004625
[SWIFT NMIBTZTZ]

Or Contact SHM Administration Manager