

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

PHOTO OF
DECEASED

REQUEST FOR CREMATION SERVICES FOR NON - 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. Religion	
1.9. KIBALI CHA MAZISHI Number	
1.10. Issued by Hospital	
1.11. 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	

4. CREMATION DETAILS	
4.1. Proposed date of cremation	
4.2. Proposed time of cremation	<input type="checkbox"/> 10am <input type="checkbox"/> 2pm

5. DECLARATION BY THE APPLICANT

- 5.1. *Ihereby confirm that the information provided above are true to the best of my knowledge AND*
- 5.2. *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*
- 5.3. *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*
- 5.4. *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.....

6. UPLOAD DOCUMENTS

- 6.1. Photo of the deceased
- 6.2. KIBALI CHA MAZISHI issued by the Medical Officer
- 6.3. Nationality document of Deceased
- 6.4. Nationality document of Applicant
- 6.5. Consent letter from High Commission/Embassy [if Deceased was Non Tanzanian]