

**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 type="checkbox"/> GAS PYRE <input type="checkbox"/> WOOD PYRE	
5.1. Gas Pyre	<input type="checkbox"/> Tsh. 0/-
5.2. 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]

BANK DETAILS FOR CREMATION DONATION

Account Name: Shree Hindu Mandal - Welfare
Account Number: 24110004625
Bank Name: NMB BANK PLC
Branch Code: 241
Branch Name: Ohio Private Banking
Swift Code: NMIBTZTZ