

**MUSLIMIN TRUST FUND ASSOCIATION (MTFA)**

5 Mattar Road, Singapore 387713 Tel. No: 6746 5729/Fax: 6741 1609

**APPLICATION FOR FREE BURIAL OF POOR OR INDIGENT MUSLIMS**

**Procedure to be followed by Informant (other than Hospital / Welfare Organisation/Home):**

Step 1: Ensure that the death has been certified by a medical practitioner and reported to the nearest police post and the DEATH CERTIFICATE IS AVAILABLE.

Step 2: **Contact our official by telephone and ensure that the burial arrangements can be made. If burial arrangements can be made, to complete this form and send or fax it with the DEATH CERTIFICATE to MTFA, latest by 2 pm, for burial on the same day (otherwise, the burial will be carried out on the next day).**

Step 3 (Applicable If DEATH CERTIFICATE IS NOT AVAILABLE): Make your own arrangements for ambulance to remove the body to the mortuary, where the Death Certificate might be issued. The mortuary will make the burial arrangements with MTFA.

**Conditions for free burial for the deceased:** (a) No next of kin/relative or (b) No claimant or (c) The claimant/next of kin/relative is unable to pay for the burial.

<b>Deceased's Particulars</b>	
Name of Deceased	
*NRIC No./PP No.	
Date of death/Time of death	
Age (if known)	
Place where body is located	
Death certified by doctor?	*Yes / No
Death reported to Police?	*Yes / No
Death Certificate available?	*Yes / No
<b>Next of Kin/Relatives</b>	
Any next of kin/relatives?	*Yes / No
Name of next of kin/relative	
Telephone no.of next of kin/relative	
<b>Claimant of body</b>	
Any claimant?	*Yes / No
Name of claimant	
Telephone number of claimant	
<b>Ability to Pay for Burial</b>	
Able to pay for burial?	*Yes / No
If not able, state reason	
<b>Financial Information</b>	
Are you/the deceased under any form of financial assistance?	*Yes / No
If yes, please provide the details. Please enclose	

evidence of your financial assistance eligibility.	
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\* Delete as appropriate

**This application is submitted by the following informant:**

\_\_\_\_\_

Informant's Full Name (in blocks) Signature

NRIC No: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No: \_\_\_\_\_ /Handphone No: \_\_\_\_\_ /Fax No: \_\_\_\_\_

**Declaration**

I, \_\_\_\_\_, the informant herein declare and confirm that:

- 1. The deceased and/or next-of-kin have a current per capita household income less than \$1,500.00;**
- 2. The deceased and/or next –of-kin do not have savings of more than \$10,000.**

I make this solemn declaration by virtue of the provisions of the Oaths and Declarations Act 2000 (Cap 211) and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in the declaration to be true in every particular.

\_\_\_\_\_

Signature of Declarant

**[Name]**

**(NRIC No.                    )**