

**MASJID AL-HUDA
1081 W. IRVING PARK ROAD,
SCHAUMBURG, IL 60193**

**APPLICATION FOR THE PURCHASE OF BURIAL SPACE
AT BLUFF CITY, ELGIN, ILLINOIS 60120**

NAME: _____

ADDRESS: _____

PHONE: (H) _____ (C) _____ (W) _____

Cost Per Lot = \$500.00

AMOUNT ENCLOSED= (NUMBER OF LOTS) ___x\$500=_____

() I would like to donate this space for a needy person.

_____ **Date:** _____
Signature of Applicant

For more information please contact:
Brother Asif Sabrie 630-202-1992
Brother Ahmed Karim 630-205-6786

For Official Use

Check # _____ **Cash** _____ **Amount \$** _____
Certificate Number _____
Section _____ **Lot** _____ **Grave** _____