



ADAMS FUNERAL HOME

AUTHORIZATION AND WAIVER FOR GHUSL AND FUNERAL SERVICES

Deceased's Full Name: _____

Date of Death: _____

Authorized Representative's Full Name: _____

Relationship to Deceased: _____

Phone Number: _____ **Email Address:** _____

AUTHORIZATION

I/We, the undersigned, being the legal next of kin or Authorized Representative, as defined in the Code of Virginia, of the deceased, hereby give permission to ADAMS Funeral Home, its designated staff, and trained volunteers to carry out the Islamic ritual washing (Ghusl), shrouding (Kafan), and funeral prayer (Salat al-Janazah) in accordance with Islamic practices and community standards.

I understand that these services may be performed by volunteers under the supervision of the ADAMS Funeral Home staff. I confirm that I have been informed of the process and consent to this religious preparation of the deceased.

WAIVER AND RELEASE OF LIABILITY

I/We acknowledge that I am voluntarily authorizing the performance of these religious services by ADAMS Funeral Home and its designated volunteers. I understand that volunteers are not licensed mortuary professionals but are trained in accordance with Islamic guidelines and ADAMS policies.

In consideration of these services, I/We agree to release, hold harmless, and indemnify ADAMS Funeral Home and the All Dulles Area Muslim Society (ADAMS), their officers, employees, agents, and volunteers from any and all liability, claims, demands, actions, or causes of action whatsoever, whether known or unknown, arising out of or relating to the performance of Ghusl, Kafan, or funeral services.

This release includes but is not limited to claims arising from any alleged negligence or errors by ADAMS Funeral Home Staff, ADAMS, and/or the volunteers performing the Ghusl or handling of the deceased.

DECLARATION

I/We certify that I am legally authorized to make decisions concerning the disposition and religious preparation of the deceased. I/We understand this waiver is binding and acknowledge that I/We have had the opportunity to ask questions and receive answers regarding this process.

Signature of Authorized Representative/s: _____

Date: _____

Witness Name (ADAMS Funeral Home Staff): _____

Witness Signature: _____

Date: _____

"Inna lillahi wa inna ilayhi raji'un"

"Indeed, we belong to Allah, and indeed to Him we shall return." (Qur'an 2:156)