

"Verily it is we who give life and death; and to us is the final goal."

--The Holy Quran 15:9

ADAMS FUNERAL SERVICES

Authorization, General Release, and Waiver for Ghusl and Funeral Services

Deceased's Full Name: _____

Date of Death: _____ Time of Death: _____ Date of Birth: _____

Authorized Representative's Full Name: _____

Relationship to Deceased: _____ Phone Number: _____

Place of Death: _____

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 Service, its designated staff, and trained to volunteers to (1) release the above named decedent into the care of Adams Funeral Services (2) 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 Services 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 Services and its designated staff and 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 Services 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 Services 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: _____

Witness Name (ADAMS Funeral Home Staff): _____

Date: _____

Address: 46903 Sugarland Road Sterling, Virginia 20164

Phone: 571-222-6066

Email: funerals@adamscenter.org

Website: adamscenter.org/funeral

