



# MKMA

## Bereavement Trust Fund

Trubys Gardens, Coffee Hall, Milton Keynes, MK6 5HA

Tel: 01908 231 777

BEREAVEMENT@MKMUSLIMS.ORG



### Personal Details

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: DD / MM / YYYY

Gender:  Male  Female

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

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \* \_\_\_\_\_

### Household Members and Dependents

(E.g. Husband/Wife, Mother/Father, Child)

| Name  | DOB            | Gender | Relationship |
|-------|----------------|--------|--------------|
| _____ | DD / MM / YYYY | M/F    | _____        |
| _____ | DD / MM / YYYY | M/F    | _____        |
| _____ | DD / MM / YYYY | M/F    | _____        |
| _____ | DD / MM / YYYY | M/F    | _____        |
| _____ | DD / MM / YYYY | M/F    | _____        |

### Declaration

I certify that the information given therein by me to MKMA Bereavement Trust Foundation is correct. I have read and agreed to abide by the terms and conditions of the MKMA Bereavement Trust Foundation. I hereby consent to the data on application form, freely given by me, to be held by MKMA Bereavement Trust Foundation.

Signature: \_\_\_\_\_

Date: DD / MM / YYYY

For Office Use:  
Membership No: