

Islamic Will Application Form

Reference No:

Applicant full name			
Date of birth		Nationality	
Contact no		Email	
Preferred language (Please tick)	English <input type="checkbox"/>	Urdu <input type="checkbox"/>	Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Somali <input type="checkbox"/>
Address			
Do you have any debts unpaid? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes', specify amount of debt (£)
Please list all items that you own that will be included as inheritance (Estate), please specify: <ul style="list-style-type: none"> • Amount (£) • If it is in UK or abroad • If it is owned in full or in partnership with others 	Money Land Investments Gold/Silver Property Other		
Who will be the executor of your will? <small>(provide phone & email contact details)</small>		Specify any charity to be given (up to 1/3) amount & charity name	
Specify any wishes you would like to instruct your family with			

Family of the Applicant					
Is your mother alive? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your father alive? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your grandmother alive? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your grandfather alive? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently married? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are there any children from this marriage? (Please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', please give names & dates of birth for each child from this marriage.	Child 1 Name:		Gender:	Age:	
	Child 2 Name:		Gender:	Age:	
	Child 3 Name:		Gender:	Age:	
	Child 4 Name:		Gender:	Age:	
	Child 5 Name:		Gender:	Age:	
Do you have any children from a previous marriage? (Please tick)	Yes <input type="checkbox"/>			No <input type="checkbox"/>	
If 'yes', please give names, genders & dates of birth for each child from the previous marriage	Child 1 Name:		Gender:	Age:	
	Child 2 Name:		Gender:	Age:	
	Child 3 Name:		Gender:	Age:	
	Child 4 Name:		Gender:	Age:	
	Child 5 Name:		Gender:	Age:	
Please include any other information that is relevant					
Who do you specify as guardian of your children in the event both you & your spouse out-live your children?					