

## FORM - B

(APPLICATION FORM FOR DEATH REGISTRATION )

UNION ADMINISTRATION \_\_\_\_\_ (No. \_\_\_\_\_)

TOWN / TEHSIL \_\_\_\_\_ DISTRICT \_\_\_\_\_

Nature of Death:  Normal  Still Birth  Dead body found

Deceased's Name:	_____	1	ستوفی / ستوفیہ کام
Deceased's CNIC No:	_____	2	ستوفی / ستوفیہ کاشٹائی کارڈ نمبر
Father's Name:	_____	3	والد کا نام
Father's CNIC No.:	_____	4	والد کاشٹائی کارڈ نمبر
Mother's Name:	_____	5	والدہ کا نام
Mother's CNIC No.:	_____	6	والدہ کاشٹائی کارڈ نمبر
Mother's Age:	_____	7	والدہ کی عمر
Husband's Name:	_____	8	شوہر کا نام
Husband's CNIC No:	_____	9	شوہر کاشٹائی کارڈ نمبر
Sex:	_____	10	جنس
Date of Birth:	_____	11	تاریخ پیدائش
Religion:	_____	12	مذہب
Date of Death:	_____	13	تاریخ وفات
Date of Burial:	_____	14	تاریخ دفن
Place of Death:	_____	15	جائے وفات
Name of Graveyard:	_____	16	قبرستان کا نام
Cause of Death:	_____	17	وجہ وفات
Sickness Period:	_____	18	مدت علالت
Name of Doctor Certifying Death:	_____	19	ڈاکٹر کا نام
Applicant's Name:	_____	20	درخواست دہندہ کا نام
Applicant's CNIC No.:	_____	21	درخواست دہندہ کاشٹائی کارڈ نمبر
Relation:	_____	22	ستوفی / ستوفیہ کا درخواست دہندہ سے رشتہ
No of Previous Stillbirths by the Mother:	_____	23	گزشتہ پیدائشی اموات
Total period of Intra-uterine existence:	_____	24	حمل کا دورانیہ
Person Name Causing disposal of Body:	_____	25	مدفن کنندہ

THE ENTRY OF THE SAID DATE IS ACCORDING TO THE STATEMENT FURNISHED BY THE INFORMING PERSON/INSTITUTION.

This extract to Mr, Mrs, \_\_\_\_\_ has been issued vide application dated \_\_\_\_\_ Rs, \_\_\_\_\_ regarding fees for the registration

/extract has been received vide receipt no. \_\_\_\_\_ dated \_\_\_\_\_ Book No: \_\_\_\_\_ Entry No: \_\_\_\_\_ Dated: \_\_\_\_\_

REGISTRAR

Checked By \_\_\_\_\_ SD/ \_\_\_\_\_

Birth, Deaths Marriages and Divorces

Verified By: \_\_\_\_\_

Union Administration \_\_\_\_\_ (No. \_\_\_\_\_)

CRMS No.: \_\_\_\_\_

CEO/Sir

I have checked and found correct if agreed Death Certificate may please be issued on payment of copying fee

RECORD KEEPER