

FORM - D

(APPLICATION FORM FOR DIVORCE REGISTRATION)

UNION ADMINISTRATION _____ (NO. _____)

TOWN / TEHSIL _____ DISTRICT _____

| | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|--|
| Mode of Divorce: | <input type="checkbox"/> Talaq | <input type="checkbox"/> Khula | <input type="checkbox"/> Other | |
| Husband's Name: | _____ | | | شوہر کا نام: 1 |
| CNIC No: | _____ | | | شناختی کارڈ نمبر: 2 |
| Father's Name: | _____ | | | والد کا نام: 3 |
| Address: | _____ | | | پتہ: 4 |
| Wife's Name: | _____ | | | بیوی کا نام: 5 |
| CNIC No: | _____ | | | شناختی کارڈ نمبر: 6 |
| Father's Name: | _____ | | | والد کا نام: 7 |
| Address: | _____ | | | پتہ: 8 |
| Date & Place of Marriage: | _____ | | | تلاق کی تاریخ / جگہ: 9 |
| Total No. of Children from Wedlock: | _____ | | | رشتہ اور دوا نگلی میں بچوں کی کل تعداد: 10 |
| Date of Divorce Pronouncement/Notice: | _____ | | | تاریخ اعلان / نوٹس خلاق: 11 |
| Authority granting Divorce: | _____ | | | اتحادی برائے عطاء خلاق: 12 |
| Details Regarding the Divorce and custody of the Children: | _____ | | | تفصیل نسبت خلاق و کفالت اولاد: 13 |
| No of previous divorces of Husband: | _____ | | | شوہر کی گزشتہ خلاقوں کی تعداد: 14 |
| No of previous divorces of Wife: | _____ | | | بیوی کی گزشتہ خلاقوں کی تعداد: 15 |
| Details of Proceedings of the Arbitration Council: | _____ | | | تاریخ کمیٹی کی کارروائی کی تفصیل: 16 |
| Conciliation Proceedings Failure Date: | _____ | | | تاریخ ناکامی ثالثی: 17 |
| Date of Effectiveness of Divorce: | _____ | | | تاریخ موثر خلاق: 18 |
| Date of Registration: | _____ | | | تاریخ اندراج: 19 |
| Verified By: | _____ | | | تصدیق کنندہ: 20 |

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

(Signed)

Birth, Deaths Marriages and Divorces

Union Administration _____ (No. _____) District: _____

CRMS No: _____

Checked By: _____

(Name & Signatures)

Date of Issuance: _____