

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: _____

Deceased's CNIC No.: _____

Father's Name: _____

Father's CNIC No.: _____

Mother's Name: _____

Mother's CNIC No.: _____

Mother's Age: _____

Husband's Name: _____

Husband's CNIC No.: _____

Sex: _____

Date of Birth: _____

Religion: _____

Date of Death: _____

Date of Burial: _____

Place of Death: _____

Name of Graveyard: _____

Cause of Death: _____

Sickness Period: _____

Name of Doctor Certifying Death: _____

Applicant's Name: _____

Applicant's CNIC No.: _____

Relation: _____

No of Previous Stillbirths by the Mother: _____

Total period of Intra-uterine existence: _____

Person Name Causing disposal of Body: _____

- 1 ستونی استوینکام
- 2 ستونی استوینکاشانی کارلنبر
- 3 والدہ کلام
- 4 والدہ کاشانی کارلنبر
- 5 والدہ کلام
- 6 والدہ کاشانی کارلنبر
- 7 والدہ کی کر
- 8 شوہر کلام
- 9 شوہر کاشانی کارلنبر
- 10 جنس
- 11 تاریخ پیدائش
- 12 مذہب
- 13 تاریخ وفات
- 14 تاریخ دفن
- 15 پائے وفات
- 16 قبرستان کلام
- 17 وجہ وفات
- 18 مدت طالت
- 19 ڈاکٹر کلام
- 20 درخواست دہندہ کلام / کاشانی
- 21 درخواست دہندہ کاشانی کارلنبر
- 22 ستونی استوینکام اور درخواست دہندہ کاشانی
- 23 گزشتہ پیدائشی اسامات
- 24 حمل کا دورانیہ
- 25 درجہ کلمہ

THE ENTRY OF THE SAID DATE IS ACCORDING TO THE STATEMENT FURNISHED BY THE INFORMING PERSON IN 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 _____

مفتی لکھنؤ

Checked By _____ SD/

Birth, Deaths Marriages and Divorces

Verified By: _____

Union Administration _____ (No. _____)

CRMS No.: _____

CRMS No. _____

Date of Issuance: _____