**THIS FORM IS FOR OFFICE RECORD ONLY AND CAN NOT BE USED AS BIRTH REGISTRATION CERTIFICATE**

درخواست فارم برائے وفات رجسٹریشن Reg S. No.\_\_\_\_\_\_\_\_

**DEATH REPORT FORM**

**OFFICE OF THE CANTONMENT BOARD HAVELIAN**

**(درخواست دھندہ فارم کو اردو اور انگریزی دونوں زبانوں میں خود پر کر کے لائے**)

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| **Applicant Name** | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **درخواست دہندہ کا نام** | | | | | **1)** | |
| **Applicant CNIC #** | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | **-** | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | **-** | | | | |  | | | | | | **درخواست دہندہ کا کمپیوٹرائزڈ شناختی کارڈ نمبر** | | | | | | | | | | | | **2)** | |
| **Deceased Name** | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **متوفی کا نام** | | | | | **3)** | |
| **Deceased CNIC #** | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | |  | | | | | | |  | | | | **-** | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | |  | | | | |  | | | |  | | | | | |  | | | **-** | | | | | |  | | | | |  | | | | | **متوفی کا شناختی کارڈ نمبر** | | | | | **4)** | |
| **Deceased Relation with applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_ متوفی کا درخواست دہندہ سے رشتہ(5** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **عورت** | | | | | | | |  | | | **مرد** | | **متوفی کی جنس** | | **4)** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_ سال 9) فوتگی کی وجہ \_\_\_\_\_\_\_\_ متوفی کی عمر 8) \_\_\_\_\_\_\_\_\_ 7) متوفی کا پیشہ \_\_\_\_\_\_\_\_\_\_\_ متوفی کا مذہب** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **6)** | |
|  | |  | |  | | |  | |  | | | |  | | | | | | **-** | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | **-** | | | |  | | | | **شناختی کارڈ نمبر متوفی کی والدہ کا 11) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_متوفی کی والدہ کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **10)** | |
| **Deceased Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ متوفی کے والد کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | **12)** | |
|  | | | | | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | - | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | | | | | | - | |  | | | | **متوفی کے والد کا کمپیوٹرائیزڈ شناختی کارڈ نمبر** | | | | | | | | | | | | **13)** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ شناختی کارڈ نمبر (15 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ متوفی خاتون ہونے کی صورت میں انکے شوہر کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **14)** | |
|  |  | |  | | **-** |  | |  | | **-** | | | |  | | | | | |  | | | | |  | | | | |  | | | | **17) تاریخ وفات** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | **-** | |  | | |  | | | **-** | | | |  | | | | |  | | | | | |  | | | | |  | **متوفی کی تاریخ پیدائش** | | | | | | | **16)** | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | **-** | |  | | |  | | | **-** | | | |  | | | | |  | | | | | |  | | | | |  |  | | **تاریخ تدفین** | | | | | | **(18** | |
| **حویلیاں کینٹ۔\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20) قبرستان کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ کہیں اور** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **ہسپتال** | | | | |  | | | **جائے وفات گھر** | | **19)** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 22) مدت علالت** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ڈاکٹر کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **21)** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 25) شناختی کارڈ نمبر\_\_\_\_\_\_\_\_\_\_\_ 24) متوفی سے رشتہ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_قریبی رشتہ دار / تدفین کنندہ کا نام** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **23)** | |
| **Nature of Death** | | | | | | | | | | |  | | | | | | **Normal** | | | | | | | | | | | | | | |  | | | | | | **Still Birth** | | | | | | | | | | | | |  | | | | | **Dead body Found** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Any Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | **)26** | |
| **Reason of Death** | | | | | | | | | | |  | | | | | | **Natural** | | | | | | | | | | | | | | |  | | | | | | **Un-natural** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
| **حویلیاں کینٹ۔\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ متوفی کا مکمل پتہ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **22)** | |
| **Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ درخواست دہندہ کا دستخط / نشان انگوٹھا** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **23)** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ تاریخ \_\_\_\_\_\_\_\_\_پہلے سے بنے ہوئے سرٹیفیکیٹ کی صورت میں پرانےسرٹیفیکیٹ کا سیریل نمبر** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **24)** | |
| **نوٹ: : درخوست فارم جمع کرواتے وقت اصل شناختی کارڈ ہمراہ ضرور لائیں ورنہ فارم آپکو واپس کر دیا جائے گا نیز فارم کو صاف صاف پر کریں اور کوئی خانہ سمجھ نہ آنے کی صورت میں وہ جگہ خالی چھوڑ دیں۔** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**(**صرف دفتری استعمال کیلئے**)**

Report of CRMS Registration is \_\_\_\_\_\_ year late as per Report of Rev. Br. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager : information provided by the applicant.

Hence Composition Fee @ Rs. 100 /- P.A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may be imposed upon applicant under the

Rules. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certificate Fee = Rs.500/-

Composition = Rs.\_\_\_\_\_\_/- Sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Rs.\_\_\_**\_\_\_\_/-

Recorded as S. No. \_\_\_\_\_\_\_ of Death Report Register on \_\_\_\_\_\_-\_\_\_\_\_\_- 20

Tracking ID No. 5001951000 \_\_\_\_\_\_\_\_\_

NADRA CRMS No. issued: D500195-1 -10 \_\_\_\_\_ dt \_\_\_\_\_-\_\_\_\_\_\_- 20

Fee Received vide Challan No. \_\_\_\_\_\_\_/\_\_\_\_\_\_\_ dt \_\_\_\_\_-\_\_\_\_\_\_- 20  **C.E.O**