

CAPITAL DEVELOPMENT AUTHORITY

(Directorate of Municipal Administration)

(Shahra-e-Subarwardhy, G-7/1, Islamabad)

DEATH REGISTRATION FORM

(Form B)

Deceased's Name	_____	متوفی / متوفیہ کا نام 1
Deceased's CNIC No.	_____	متوفی / متوفیہ کا شناختی کارڈ نمبر 2
Deceased's Father Name	_____	متوفی / متوفیہ کے والد کا نام 3
Deceased's Father CNIC	_____	والد کا شناختی کارڈ نمبر 4
Deceased's Mother Name	_____	متوفی / متوفیہ کی والدہ کا نام 5
Deceased's Mother CNIC	_____	والدہ کا شناختی کارڈ نمبر 6
Husband/Widow Name	_____	شوہر / بیوہ کا نام 7
Husband/Widow CNIC	_____	شوہر / بیوہ کا شناختی کارڈ نمبر 8
In case of both Husband/wife death (Daughter/son/brother/sister) name	_____	میاں بیوی دونوں کے انتقال کی صورت میں نام (بیٹا/بیٹی/بھن/بھائی) 9
Gender	_____	جنس 10
Date of Birth	_____	تاریخ پیدائش 11
Religion	_____	مذہب 12
Date of Death	_____	تاریخ وفات 13
Date of Burial	_____	تاریخ دفن 14
Place of Death (House/Hospital)	_____	جائے وفات (گھر/ہسپتال) 15
Name of Graveyard	_____	قبرستان کا نام/قبر نمبر/پلاٹ نمبر 16
Cause of Death	_____	وجہ وفات 17
Period of illness	_____	مدت علالت 18
Name of Doctor	_____	ڈاکٹر کا نام 19
Applicant Name	_____	درخواست دہندہ کا نام (خاندان/بیوہ 20
(Husband/Wife/Son/Daughter /brother/sister)	_____	بیٹا/بیٹی/بھن/بھائی)
Address	_____	موجودہ پتہ 21
Relation	_____	متوفی / متوفیہ کا درخواست دہندہ سے رشتہ 22
In case of death at home then 2 neighbours CNIC Copies with Signature	_____	گھر میں وفات کی صورت میں دو پڑوسیوں کے شناختی کارڈ اور دستخط 23
Person name Causing Disposal of Body	_____	تدفین کنندہ کا نام/شناختی کارڈ نمبر 24
Contact No	_____	رابطہ نمبر 25

Received by (for Office Use Only):

Cash Branch:

Certificate Fee:

Receipt No.

Date:

Signature:

For Computer Record

Certificate Fee:

Date:

Date:

Signature:

نوٹ: فارم اردو اور انگلش (دونوں) میں پر کریں۔ فارم سی ڈی اے کی ویب سائٹ (www.CDA.gov.pk) پر دستیاب ہیں۔

INSTRUCTION FOR DEATH REGISTRATION CERTIFICATE

1. Use CAPITAL LETTERS to fill the information Perform on over leaf.
2. **Fee Structure:-**

I)	Certificate Fee.	Rs. 50/-
II)	Death reported after one month but within one year.	Rs. 60/-
III)	Death reported after one year but within five year.	Rs. 180/-
IV)	Death Reported after five years.	Rs. 630/-
3. **Urgent Fee.**
Double rate will be charged on the above mentioned fees.
4. **Timing for Fee/Documents Submission:-**

I)	Monday to Thursday.	09:00 am To 02:00 pm
II)	Friday.	09:00 am To 12:30 pm

Any Person who commits a breach of Muncipal bye-Laws shall be punishable with fine under section 116 of the Municipal Administration Ordinance, 1960.

CHECK LIST OF REQUIRED DOCUMENTS.

- | | |
|---|--------------------------|
| 1. Original Death Certificate of Hospital / Clinic / Nursing Home / Doctor (With By Name Dr. Stamp). | <input type="checkbox"/> |
| 2. Attested Copy of CNIC / NIC deceased and applicant. | <input type="checkbox"/> |
| 3. Attested Copy of Nikkah Nama in case of NIC of Female Deceased not registered with his husband. | <input type="checkbox"/> |
| 4. Consent of all Legal Heirs on judicial Stamp Paper of Rs.10 is required in case of applicant is son/daughter/Brother/sister of deceased. | <input type="checkbox"/> |
| 5. In Case of two Widows Seprate Affidavit will be Required. | <input type="checkbox"/> |

**SPECIMEN OF AFFIDAVIT
On Judicial Stamp Paper of Rs. 10**

I _____, Son/of _____ Daughter of _____ Wife/Husband of _____
_____, Resident of _____ do hereby solemnly
affirm and declare as under:-

1. That my _____ (Relation with Name _____
died on _____ (Date of Death) at _____
(Place of Death), His/Her dead body buried at _____
2. That I have not obtained the Death Registration Certificate of the Deceased from anywhere in Pakistan.
3. That I am first time applying for the issuance of his/her Death Certificate.
4. That I am a legal heir of Deceased or I have ovtained his/her Death Certificate.

It is feather on Oath that the contents of my above affidavit are true and correct to the best of my knowledge and belief and nothing had been concealed there from. In case of wrong information, the authority has right to cancel / with draw the Death Certificate at any stage and may proceed in the competent court of LAW.

DEPONENT: _____
 Name: _____
 Signature: _____
 Relation with Deceased: _____
 CNIC No. _____
 Address: _____