



CAPITAL DEVELOPMENT AUTHORITY
METROPOLITAN CORPORATION ISLAMABAD
(Directorate of Municipal Administration)
(Multipurpose Ground, Sector F-6 Markaz, Islamabad)



DEATH REGISTRATION FORM-B

Deceased's Name:	_____	متوفی / متوفیہ کا نام	1
Deceased's CNIC/Passport No	_____	متوفی / متوفیہ کا شناختی کارڈ نمبر	2
Deceased's Father Name	_____	متوفی / متوفیہ کے والد کا نام	3
Deceased's Father CNIC/Passport No	_____	والد کا شناختی کارڈ نمبر	4
Deceased's Mother Name:	_____	متوفی / متوفیہ کی والدہ کا نام	5
Deceased's Mother CNIC/Passport No	_____	والدہ کا شناختی کارڈ نمبر	6
Husband / Widow Name:	_____	شوہر / بیوہ کا نام	7
Husband/Widow CNIC / Passport No	_____	شوہر / بیوہ کا شناختی کارڈ نمبر	8
In Case of Husband and wife death (Son/Daughter/Sister/Brother)	_____	میاں بیوی دونوں کے انتقال کی صورت میں نام (بیٹا/بہن/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(Hospital/Home)	_____	جانے وفات (گھر/ہسپتال)	15
Name of Graveyard:	_____	قبر 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
Address:	_____	موجودہ پتہ	20
Relation with Deceased	_____	متوفی / متوفیہ کا درخواست دہندہ سے رشتہ	22
In case of death at home	_____	گھر کی وفات کی صورت میں دو	23
Sign & CNIC of two neighbor	_____	پڑوسیوں کے شناختی کارڈ نمبر اور دستخط	24
Name & CNIC who Buried	_____	تدفین کنندہ کا نام / شناختی کارڈ نمبر	24
Applicant Name, Sign	_____	فارم جمع کرانے والے کا نام / دستخط	25
Date & Contact No	_____	تاریخ اور فون نمبر	25

(For Office Use Only)

Received by Dealing Clerk _____ Date _____

Certificate Fee _____ BOP Challan _____ Signature _____

Data Entry Operator Signature _____

This Form is available on CDA DMA/MCI Website (www.CDA.gov.pk) (MCI.DMA.gov.pk)

INSTRUCTION FOR BIRTH REGISTRATION CERTIFICATE

1. Please Fill the Form in Urdu & English both languages.
2. Use CAPITAL LETTERS to fill the information perform on over leaf.
3. **MCI/DMA/CDA Fee Schedule:-**

S. No.	Death upto 01 year	Death After 01 year upto 05 years	Death After 05 years
Normal Fee	210/-	280/-	730/-
Urgent Fee	420/-	560/-	1460/-

5. **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 Municipal by-Laws shall be punishable with fine under section 116 of the Municipal Administration Ordinance, 1960 as well under Local Government Act.2015

CHECK LIST OF REQUIRED DOCUMENTS

Tick the Box

- I. Original Death Certificate of Hospital / Clinic / Nursing Home / Doctor (With By Name Dr. Stamp).
- II. Attested Copy of CNIC/NIC deceased and applicant.
- III. Attested Copy of Nikkah nama in case of CNIC of femal deceased not registered with his husband.
- IV. 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.
- V. In Case of two windows seprate affidavit will be required
- VI. FRC from NADRA.

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 Deceased) _____
Died on _____ (Date of Death) at _____
(Place of Death), His/Her Dead body was buried at _____
2. That I have not obtained the death registration certificate of the deceased from any where 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 obtained the authority letter for issuance of D/C.

It is further Stated 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 ther 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 against me..

Name: _____

Signature: _____

Relation with Deceased _____

CNIC No: _____

Cell No: _____

Address: _____

- Note:-** (1) Before final printing each and every word be read carefully and sign on the proof reading.
(2) After final printing, office will not be responsible and same process will be adopted for re-printing/re-issuance of the Certificate along with fee for correction of mistakes/error etc.
(3) Date and Place of Death cannot be changed, if once registered.