

COMPUTERIZED DEATH CERTIFICATE INFORMATION FORM

NAME OF DECEASED	
FATHER'S NAME	
MOTHER'S NAME	
DATE OF BIRTH	
DATE OF DEATH	
PLACE OF DEATH	
GENDER	
RELIGION	
GRAVEYARD NAME	
DATE OF BURIAL	
CAUSE OF DEATH	
APPLICANT RELATION	
PURPOSE OF CERTIFICATE	
WITNESS 1 (ID REQUIRED)	
WITNESS 2 (ID REQUIRED)	
CURRENT ADDRESS OF APPLICANT	
CONTACT NUMBER OF APPLICANT	

Note: Fill-out all possible available information & kindly ensure the correct spellings of names as per passport or I.D cards, accurate dates and CNIC / NICOP numbers etc.