

# DEATH REPORT FORM

## MARDAN CANTONMENT

Enter

1. Name of the deceased \_\_\_\_\_

2. Registration/ I. C.  
Code No. 

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3. Place of death alongwith  
complete address. \_\_\_\_\_  
\_\_\_\_\_

4. sex of the deceased  
(Male/Female/Eunuch) \_\_\_\_\_

5. Age of the deceased  
at the time of the death \_\_\_\_\_

6. Religion of the deceased \_\_\_\_\_

7. Occupation of the deceased \_\_\_\_\_

8. Name of father / Husband  
with father's name \_\_\_\_\_

9. I/C. Code No.  
of father/husband 

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10. Date of death \_\_\_\_\_

11. Cause of death \_\_\_\_\_

12. Date of registration of death \_\_\_\_\_

13. Signature of the reporter  
with full address \_\_\_\_\_