

# DEATH REPORT FORM

## RAWALPINDI CANTONMENT

1. Name of the deceased \_\_\_\_\_
2. Registration/ I. C.  
Code No. \_\_\_\_\_
3. Place of death alongwith  
full 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 \_\_\_\_\_