

KHOJA (PIRHAD) SHIA ISNA ASHERI JAMAAT

DEATH INFORMATION FORM

TEL: 32233275 - 32243546

NAME OF DECEASED: _____	AGE: _____
MEMBERSHIP No. <input type="text"/>	CNIC No. <input type="text"/>

FATHER'S NAME: _____	SURNAME: _____
MEMBERSHIP No. <input type="text"/>	CNIC No. <input type="text"/>

HUSBAND'S NAME: _____	SURNAME: _____
MEMBERSHIP No. <input type="text"/>	CNIC No. <input type="text"/>

ADDRESS IN FULL: _____
CAUSE OF DEATH: _____ DOCTOR'S NAME: _____

FULL NAME OF INFORMER (1) : _____	SURNAME: _____
MEMBERSHIP No. <input type="text"/>	CNIC No. <input type="text"/>
ADDRESS IN FULL: _____	TEL/CELL No. _____

FULL NAME OF INFORMER (2) : _____	SURNAME: _____
MEMBERSHIP No. <input type="text"/>	CNIC No. <input type="text"/>
ADDRESS IN FULL: _____	TEL/CELL No. _____

SIGNATURE (1) _____ SIGNATURE (2) _____

NOTE: ATTACH COPY OF DEATH CERTIFICATE AND COPIES OF JCIC & CNIC OF DECEASED AND REPORTING PERSONS

FOR OFFICE USE

SERVICES AVAILABLE

- | | | |
|---------------------------|------------------------------|-----------------------------|
| 1) BODY STORED OVER NIGHT | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) AMBULANCE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) NO. OF BUSES _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4) DECORATION FOR BHATI | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

REPORTING DATE <input type="text"/>	GATE PASS NO _____
GRAVE NO. <input type="text"/>	<input type="checkbox"/> HB-1 <input type="checkbox"/> HB-2 <input type="checkbox"/> WADI-E-ZAINAB <input type="checkbox"/> OTHER _____
EXPIRY DATE <input type="text"/>	TIME _____ BURIAL DATE <input type="text"/>

DATA UPDATED ON _____ ENTERED BY _____ APPROVED ON _____