NATIONAL REGISTRATION ACT

DEATH REPORT/ KALATA YA CHIDZIWITSO CHA IM

NR-10

WARNING: In terms of section 43 of the ACT, any person, who furnishes false information or forges any d f obtaining registration of Death of a person shall be guilty of committing an offe

NOTE: Please read instructions at the back of the form

CHENJEZO: Malingana ndi gawo 43 la lamulo la kalembera wadziko, aliyense wopeleka umboni wabodza, kapena kalata zachinyengo ndi cholinga choti alembetse za imfa ya munthu, adzaimbidwa mlandu

SECTION-1: Particulars of Deceased/Mbiri ya Omwalira

PART 1/GAWO LOYAMBA	1	Surname Dzina la bambo	First name Dzina loyamba	Other names Maina ena			
PERSONAL DETAILS OF DECEASED/MBIRI YA MUNTHU OMWALIRA	2	ID No. _____ Nambala ya chiphaso	3	Nationality _____ Ndi nzika ya dziko liti	4	Sex: Male/Mwamuna ☐ Female/Mkazi ☐	
	5	Date of birth/ Tsiku lobadwa: Day/Tsiku…… Month/Mwezi…… Year/Chaka……	6	Birth Certificate No./ Nambala ya chiphaso chakubadwa ……			
	7	Date of death/Tsiku lomwalira: Day/Tsiku…… Month/Mwezi…… Year/Chaka……					
	8	Place of death (Tick the appropriate option)/Malo amene anamwalirira (Chongani malo oyenera) ☐ Health Facility/Kuchipatala Name/Dzina…… ☐ Home/Ku nyumba Address/Keyala District/Boma TA/Mfumu Village/Location/Mudzi/Dera ---------- ---------- ---------- ☐ Others (Give Details)/Malo ena-atchuleni ……					
	9	Physical residential address/Malo okhala District/Boma TA/Mfumu Village/Location/Mudzi/Dera					
	10	Home address/ Malo ochokera District/Boma TA/Mfumu Village/Location/Mudzi/Dera					
	11	In case this is a female death, did the death occur while pregnant, at the time of delivery or within 6 weeks after the end of pregnancy?/Ngati omwalira ali wamkazi, pa nthawi yomwe amamwalirayo anali ndi mimba, kapena anamwalira nthawi yobereka , kapena pasanathe masabata asanu ndi imodzi (6) kuchokera pa nthawi imene anabereka kapena kuchokera pomwe mimba inachoka? Yes/Inde ☐ No/Ayi ☐					
PART 2/GAWO LACHIWIRI DETAILS OF PARENTS/MBIRI YA MAKOLO	1	Mother's name/ Maina a Mayi: Surname/Dzina la bambo First Name/Dzina loyamba Other Names/Maina ena			2	ID No. …… Nambala ya chiphaso cha dziko	
	3	Father's name/Maina a Bambo: Surname/Dzina la bambo First Name/Dzina loyamba Other Names/Maina ena			4	ID No. …… Nambala ya chiphaso cha dziko	
PART 3/GAWO LACHITATU INFORMANTS DETAILS/MBIRI YA OLEMBETSA	1	Surname/Dzina la bambo First Name/Dzina loyamba Other Names/Maina ena			2	ID No/ Nambala ya chiphaso cha dziko ……	
	3	Relationship to the deceased/Munali pa ubale wotani ndi munthu omwalirayo					
	4	Address/Malo okhala: District/Boma TA/mfumu Village/Location/Mudzi/Dera Postal address/Keyala: Telephone Number/Nambala ya foni					
	5	**I certify that the above information is correct and I am aware that I could face criminal prosecution if this information is incorrect in material respect./Ndikutsimikiza kuti zomwe zalembedwa pamwambazi ndi zolondola, ndipo ndikudziwa kuti ngati ndapereka umboni wabodza ndidzaimbiwa mlandu.** Date: Day/Tsiku …….Month/Mwezi …….Year/Chaka …….. Signature/Thumb mark of Informant Sainani kapena dindani ndi chala chachikulu					

……

SECTION-2 : Medical Certification of Death and Cause of Death (*FOR HEALTH FACILITY DEATHS ONLY/ALEMBE OMWALIRIRA KUCHIPATALA OKHA BASI)*

1	**Cause of death** DEN: _____		**Approximate interval between onset and death**
	Part I Disease or condition directly leading to death*	(a)_____ Due to (or as a consequence of)	……
		(b)_____ Due to (or as a consequence of)	……
	Antecedent causes Morbid conditions, if any, giving rise to above cause, stating the underlying condition last	(c)_____ Due to (or as a consequence of)	……
		(d)_____	……
	Part II Other significant conditions contributing to the death, but not related to the disease or condition causing it.	_____ _____	39123439
	*This does not mean the mode of dying,e.g.heart failure,respiratory failure. It means the disease, injury, or complication that caused death.		
2	Manner of death: Natural ☐, Accident ☐, Homicide ☐, Suicide ☐, Pending Investigation ☐, Could not be determined ☐; Other ☐, specify_____		
3	If accidental death, how did it occur: Motor vehicle(driver) ☐, Motor vehicle(passenger) ☐, Motor vehicle (pedestrian) ☐ Drowning ☐; Other ☐, specify _____		
4	I certify that to the best of my knowledge and belief, the above named person died on the date and from the cause stated herein: Date: Name: Signature: Designation of medical certifier: Physician ☐, Clinical Officer ☐; Medical Assistant ☐ ; Other ☐ ,specify _____		

SECTION-3 **ACKNOWLEDGMENT OF RECEIPT/KUVOMEREZA KULANDIRA CHIDZIWITSO CHOLEMBETSA IMFA**

39123439

Acknowledge the receipt of Death Report of:/Ndikutsimikizira kuti ndalandira chidziwitso choti ndalembetsa imfa ya:

Official Stamp

Surname _____ First Name _____ Other Names _____
Dzina la bambo Dzina loyamba Maina ena

Born on Day ___ ___ Month ___ ___ Year _____ ,Sex _____, with ID No._____
Anabadwa pa Tsiku Mwezi Chaka Mwamuna/Mkazi Nambala ya chiphaso chake

Died on Day ___ ___Month ___ ____Year _____ as reported by _____

Verification by Village Headman/Block Leader/Kutsimikiza kwa Nyakwawa/Otsogolera dera

I, Village Headman/Block Leader/Ine Nyakwawa…….. of the Village/Area/wa mudzi/dera……
T/A/Town/la mfumu/nzinda ……, ……District/Boma, hereby certify that the information given above in relation to the Informant and the Deceased in question is correct to the best of my knowledge and belief/ ndikutsimikizira kuti zimene zalembedwa pamwambazi zokhudzana ndi mbiri ya munthu amene walembetsayu ndi omwalirayo, ndi zoona

Signed/Thumb print: ……Date & Stamp: …… Village Headman/Block leader

Sainani/Dindani chala chachikulu Tsiku ndi Chidindo Nyakwawa/Otsogolera dera

Verification by Senior Member of Village/ Religious Institution/Kutsimikiza kwa wachikulire wa mudzi/Chipembedzo

I/Ine……Senior Member of Village/Cleric of/wa chikulire wa mudzi/wa chipembedzo …… (Village/Institution/Mudzi/Chipembedzo) hereby certify that the information given above in relation to the death of the deceased in question is correct to the best of my knowledge and belief/ ndikutsimikizira kuti zimene zalembedwa pamwambazi zokhudzana ndi mbiri ya munthu amene walembetsayu ndi omwalirayo ndi zoona

Signed/Thumb Print: ……..Date & Stamp: ……Senior Member of Village/Religious Leader

Sainani/Dindani Tsiku ndi Chidindo Wachikulire wa mudzi/wa Chipembedzo

FOR OFFICIAL USE ONLY

Recommendation by the District Registrar

I hereby state that I have checked this application and certify that the same has been duly completed in accordance with the National Registration Act and the Regulations thereof to the best of my knowledge and information.

Signature with Stamp Date of Registration: Day……Month……20……..

Death Register entry number