



# NATIONAL REGISTRATION ACT / LAMULO LA KALEMBERA WA DZIKO

## DEATH REPORT / KALATA YA CHIDZIWITSO CHA IMFA

**WARNING:** In terms of Section 43 of the ACT, any person, who furnishes false information or forges any document for the purpose of obtaining registration of Death of a person shall be guilty of committing an offence. **CHENJEZO:-** Malingana ndi gawo 43 ya lamulo la kalembera wadziko, aliyense wopeleka umboni wabodza, kapena makalata achinyengo ndi cholinga choti alembetse za imfa ya munthu adzaimbidwa mulandu.

**NOTE:** Please read instructions at the back of the form / Welengani malangizo ali kuseli kwa fomuyi.

**NR-10C**

### SECTION-1: Particulars of Deceased / Mbiri ya Omwalira

<b>PART 1</b> PERSONAL DETAILS OF DECEASED  <b>GAWO</b> <b>LOYAMBA</b> MBIRI YA MUNTHU OMWALIRA	1	Surname/Dzina la bambo _____ First name/Dzina loyamba _____ Other names/Maina ena _____	
	2	ID No./Nambala ya chiphaso cha dziko/chobadwa _____	3 Nationality/Nzika ya dziko liti? _____
	4	Male/Mwamuna <input type="checkbox"/> Female/Mkazi <input type="checkbox"/>	
	5	Date of Birth/Tsiku lobadwa: Day/Tsiku..... Month/Mwezi ..... Year/Chaka.....	
	6	Date of Death/Tsiku lomwalira: Day/Tsiku..... Month/Mwezi ..... Year/Chaka.....	
	7	Place of Death (Tick the appropriate option)/ Malo omwalira (Sankhani malo amodzi oyenelera) <input type="checkbox"/> Health Facility/Kuchipatala Name/Dzina..... Address/Keyala..... <input type="checkbox"/> Home/Kunyumba District/Boma..... TA/Mfumu yaikulu..... Village/Town/Mudzi..... <input type="checkbox"/> Others (Give Details)/Malo ena (fotokozerani).....	
	8	Manner of death/Anamwalira bwanji: Natural/Mwachilengedwe <input type="checkbox"/> Accident/Pangozi <input type="checkbox"/> Homicide/Anaphedwa <input type="checkbox"/> Suicide/Anadzipha <input type="checkbox"/> Pending Investigation/Akufufuzabe <input type="checkbox"/> Could not be determined/Sizikudziwika <input type="checkbox"/> Other/Zina <input type="checkbox"/> Specify/Fotokozerani _____	
	9	If accidental death/Ngati ndi Ngozi, how did it occur/Inachitika bwanji: Motor vehicle(driver)/Ya Galimoto (Woyendetsa) <input type="checkbox"/> Motor vehicle (passenger)/Ya Galimoto (Wokwera) <input type="checkbox"/> Motor vehicle (Pedestrian)/Ya Galimoto Oyenda pansi <input type="checkbox"/> Drowning/Anamila mmadzi <input type="checkbox"/> ; Other/Zina <input type="checkbox"/> Specify/Fotokozerani _____	
	10	Physical residential address/Malo kumene amakhala District/Boma..... TA/Mfumu yaikulu..... Village/Town/Mudzi.....	
	11	Home address/Kumudzi kwao: District/Boma..... TA/Mfumu yaikulu..... Village/Town/Mudzi.....	
	12	In case this is death of a female, did the death occur while pregnant, at the time of delivery or within 6 weeks after end of pregnancy? Ngati omwalira anali wamkazi, panthawi yomwe anamwalirayo anali ndi mimba, kapena anamwalira nthawi yobeleka, kapena pasanathe masabata asanu ndi imodzi (6) kuchokera panthawi imene anabereka kapena pamene mimba inachoka? Yes/Inde <input type="checkbox"/> No/Ayi <input type="checkbox"/> Unknown/ Sizikudziwika <input type="checkbox"/>	
	<b>PART 2</b> DETAILS OF PARENTS  <b>GAWO LACHIWIRI</b> MBIRI YA MAKOLO	1	Mother's name: _____ Surname/Dzina la bambo _____ First Name /Dzina loyamba _____ Other Names/Maina ena _____
2		ID No./Nambala ya Chiphaso cha dziko.....	3 Nationality/ Ndi nzika ya dziko liti? .....
4		Father's name: _____ Surname/Dzina la bambo _____ First Name /Dzina loyamba _____ Other Names/Maina ena _____	
5		ID No./Nambala ya Chiphaso cha dziko .....	6 Nationality/ Ndi nzika ya dziko liti? .....
<b>PART 3</b> INFORMANTS DETAILS  <b>GAWO LACHITATU</b> MBIRI YA WOLEMBETSA		1	Name: _____ 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/ Ubale ndi munthu omwalira .....
	4	Physical Address/Keyala District/Boma..... TA/Mfumu yaikulu ..... Village/Town/Mudzi ..... Postal Address/Keyala ..... Telephone No./Namabala 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 / Ndikuvomereza kuti umboni omwe ndikupelekelawu ndiwoona ndipo ndikudziwa kuti ndidzaimbidwa mlandu ngati umboni wu uli wabodza.  Date: Day/Tsiku..... Month/Mwezi..... Year/Chaka..... Signature/Thumb mark of Informant/Sainani.....	

### FOR OFFICIAL USE ONLY

#### SECTION-2 ACKNOWLEDGEMENT OF RECEIPT / KUVOMEREZA KUTI NDALANDIRA

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

Surname/Dzina la bambo \_\_\_\_\_ First Name/Dzina loyamba \_\_\_\_\_ Other Names/Maina ena \_\_\_\_\_

Date of birth/Tsiku lobadwa: Day/Tsiku \_\_\_\_\_ Month/Mwezi \_\_\_\_\_ Year/Chaka \_\_\_\_\_, Sex \_\_\_\_\_,

with ID No./Nambala ya chiphaso \_\_\_\_\_ Date of Death/Anamwalira pa: Day/Tsiku \_\_\_\_\_ Month/Mwezi \_\_\_\_\_ Year/chaka \_\_\_\_\_

Place of Death / Malo Omwalirira \_\_\_\_\_ as reported by / limene lapelekedwa ndi \_\_\_\_\_

Signature/Sainani \_\_\_\_\_ Date/Tsiku \_\_\_\_\_ Death Register entry No./Nambala ya Imfa \_\_\_\_\_

Official Stamp/  
Chidindo

**Verification by Village Headman/Block Leader/ Kutsimikizira kwa Anyakwawa**

I, Village Headman/Block Leader/*Ine*, Nyakwawa..... of the Village/Area/Town/wa *m'mudzi* wa .....  
TA/Mfumu yaikulu....., District/Boma la..... 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/*ndikutsimikiza kuti zimene*  
*zalembedwa pamwambazi zokhudzana ndi mbiri ya womwalirayo ndizoona.*

Signed/Thumb Print / *Sainani kapena Dindani* ..... Date & Stamp / *Tsiku ndi chidindo* .....

**Verification by Senior Member of Village/ Religious Institution/ Kutsimikizira kwa  
Wamkulu wa m'mudzi/ Achipembedzo**

*I/Ine*.....Senior Member of Village/Cleric of / *Msogoleri wamkulu/Kalaliki* wa.....  
(Village/institution)/*Mudzi/bungwe* 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/ *ndikutsimikiza kuti zimene zalembedwa pa mwambazi zokhudzana ndi mbiri ya*  
*womwalirayo ndizoona.*

Signed/Thumb Print /*Sainani kapena Dindani* ..... Date & Stamp /*Tsiku ndi chidindo* .....

Senior Member of Village/Religious Leader/*Mtsogoleri wamkulu/Mkulu wa chipembedzo*

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**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 Entry Number.....

**GENERAL INSTRUCTIONS / MALANGIZO**

- Complete the form in CAPITAL LETTERS and tick(✓) in appropriate box / *Lembani ndi malemba akuluakulu ndipo chongani malo oyenerera.*
- ID No is Number printed on ID Card or Birth Certificate issued by NRB /*Nambala ya chiphaso cha dziko ndi nambala yomwe ili pa kadi ya unzikaolo pa chiphaso cha kubadwa.*
- Provide names as given on ID Card/ Birth Certificate/*Gwiritsani ntchito mayina omwe ali pa chiphaso chadziko kapena chobadwa.*
- Address should include Villate/Town/Traditional Authority/District / *Keyala itchule Mudzi/Tauni/Mfumu yaikulu/Boma.*
- Informant may be mother/father/close relative / *Wolembetsa mwana akuyenera kukhala mayi/bambo/wachibale.*