



# NATIONAL REGISTRATION ACT / LAMULO LA KALEMBERA WA DZIKO

## DEATH REPORT/ KALATA YA CHIDZIWITSO CHA IMFA



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NRB

**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-10

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

<b>PART 1</b> PERSONAL DETAILS OF DECEASED  <b>GAWO</b> <b>LOYAMBA</b> <b>MBIRI YA</b> <b>MUNTHU</b> <b>OMWALIRA</b>	1	Surname/Dzina la bambo _____	First name/Dzina loyamba _____	Other names/Maina ena _____		
	2	ID No./Nambala ya chiphaso cha dziko/chobadwa _____	3	Nationality/Ndi 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 omwalilira (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	Physical residential address/Malo amene amakhala: TA/Mfumu yaikulu _____		District/Boma _____ Village/Town/Mudzi _____		
	9	Home address/Kumudzi kwao: District/Boma _____ TA/Mfumu yaikulu _____ Village/Location/Mudzi _____				
	10	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 anali wamkazi, panthawi yomwe amamwalirayo 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"/>				
<b>PART 2</b> DETAILS OF PARENTS  <b>GAWO LACHIWIRI</b> <b>MBIRI YA MAKOLO</b>	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> <b>MBIRI YA</b> <b>WOLEMBETSA</b>	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		Address/Keyala _____ District/Boma _____ TA/Mfumu yaikulu _____ Village/Town/Mudzi _____		Postal Address/Keyala _____ Telephone No./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 / Ndikuvomereza kuti umboni omwe ndikupelekelawu ndiwoona ndipo ndikudziwa kuti ndidzaimbidwa mlandu ngati umboniwuli wabodza.				
		Date: Day/Tsiku _____ Month/Mwezi _____ Year/Chaka _____		Signature/Thumb mark of Informant/Sainani _____		

CAN ONLY BE ACCESSED AT HEALTH FACILITY

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### SECTION-2 : Medical Certification of Death and Cause of Death (FOR HEALTH FACILITY DEATHS ONLY)

1	Cause of death		Final ICD Code	Approximate interval between onset and death	ICD Code
	DEN: _____				
	<b>Part I</b> Disease or condition directly leading to death*  <b>Antecedent causes</b> Morbid conditions, if any, giving rise to above cause, stating the underlying condition last	(a) _____ Due to (or as a consequence of)			
		(b) _____ Due to (or as a consequence of)			
		(c) _____ Due to (or as a consequence of)			
		(d) _____ Due to (or as a consequence of)			
	Part II Other significant conditions contributing to the death, but not related to the disease or condition causing it.		ICD Code		
			ICD Code		
	*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	(a) Was an autopsy requested? Yes <input type="checkbox"/> No <input type="checkbox"/> (b) If yes, were the findings used for certification? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3	Manner of death: Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> ; Other <input type="checkbox"/> specify _____				
4	If accidental death, how did it occur: Motor vehicle (driver) <input type="checkbox"/> Motor vehicle (passenger) <input type="checkbox"/> Motor vehicle (Pedestrian) <input type="checkbox"/> Drowning <input type="checkbox"/> ; Other <input type="checkbox"/> specify _____				
5	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/Tsiku: _____ Name _____ Signature _____ MCM Registration No _____ Designation of medical certifier: Physician <input type="checkbox"/> Clinical Officer <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Other <input type="checkbox"/> Specify _____				

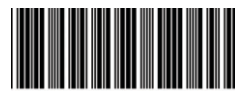


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### SECTION-3 ACKNOWLEDGMENT OF RECEIPT / KUVOMEREZA KUTI NDALANDIRA

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 \_\_\_\_\_  
 as reported by /Iimene lapelekedwa ndi \_\_\_\_\_  
 Signature/Sainani \_\_\_\_\_ Date/Tsiku \_\_\_\_\_ Death Register entry No. \_\_\_\_\_



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Official Stamp

**Verification by Village Headman/Block Leader**

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* .....

**CAN ONLY BE ACCESSED AT HEALTHY FACILITY**

**Verification by Senior Member of Village/ Religious Institution**

I/*Ine*.....Senior Member of Village/Cleric of /*Mtsogoleri 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*

**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.....

**INSTRUCTIONS FOR CERTIFIER**

- Certifier can be a Physician/Clinical Officer/Medical Assistant.
- Do not use abbreviations. HIV, AIDS and TB are the only recommended acceptable abbreviations.
- Make sure your handwriting is legible and use CAPITAL LETTERS.
- Write disease, injury or complication that cause death. Do not write the mode of dying e.g. heart failure, respiratory failure.
- Check casual sequence is logical when considering pathophysiology and time sequence.
- Ensure completed NR10 form is sent to the designated Unit/Place in the facility for onward transmission to District Registration Office.

**GENERAL INSTRUCTIONS**

- Complete the form in CAPITAL LETTERS and tick (v) in appropriate box / *Lembani ndi malemba akuluakulu ndipo chongani malo oyenerera.*
- ID No is Identification number printed on ID Card or Birth Certificate / *Nambala ya chiphaso cha dziko ndi nambala yomwe ili pa kadi ya unzika olo pa chiphaso cha kubadwa.*
- Provide names as given on ID Card/Birth Certificate/*Gwiritsani ntchito mayina omwe ali pa chiphaso chadziko kapena chobadwa.*
- SECTION-2 is to be completed only for health facility deaths / *Gawo 2 lidzilembedwa kwa imfa za kuchipatala zokha.*
- Address should include Village/Town/Tradition Authority/District / *Keyala itchule Mudzi/Tauni/Mfumu yaikulu/Boma.*
- Informant may be mother/father/close relative / *Wolembetsa mwana akuyenera kukhala mayi/bambo/wachibale.*