

---

GOVERNMENT OF ZAMBIA

---

STATUTORY INSTRUMENT NO. 44 OF 2016

---

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap. 51)

**The Births and Deaths Registration (General)  
(Amendment) Rules, 2016**

IN EXERCISE of the powers contained in section *twentyone* of the Births and Deaths Registration Act, the following Rules are made:

- |   |   |
|---|---|
| 1. These Rules may be cited as the Births and Deaths Registration (General)(Amendment) Rules, 2016, and shall be read as one with the Births and Deaths Registration (General) Rules, in these Rules referred to as the principal Rules.  | Title<br><br>Cap. 51                          |
| 2. Rule 4 of the principal Rules is amended by the deletion of the words “accordance with the forms prescribed” and the substitution therefor of the words “Forms I, II and III, as applicable, set out”.   | Amendment<br>of rule 4                        |
| 3. The principal Rules are amended by the deletion of rule 5 and the substitution therefor of the following:  | Deletion of<br>rule 5                         |
| 5. (1) When an application is made by a person to the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar for a certificate containing particulars of information which has been registered with regard to the birth or death of a person, the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar shall issue a certificate in Form IV or V, as applicable, set out in the First Schedule. | Issue of<br>birth and<br>death<br>certificate |
| (2) The Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar may, where an applicant wishes to have a shortened form of birth certificate instead of the full form of birth certificate, issue the shortened form of birth certificate in Form VII set out in the First Schedule.  |   |

Deletion of Part VI      4. The principal Rules are amended by the deletion of Part VI and the substitution therefor of the following:

## PART VI

### REGISTRATION OF BIRTHS

Particulars to be registered      16. The particulars concerning a birth to be registered shall be entered in Form IV set out in the First Schedule.

Particulars as at date of birth      17. Subject to rule 18, the particulars to be recorded in respect of the parents of a child must be appropriate as at the date of birth of the child and shall be recorded in Form IV set out in the First Schedule.

Manner of registration      18. (1) The Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar shall, on receiving information of the particulars required by rule 16 from an informant, register the birth in the presence of the informant by inserting the required particulars in Form IV set out in the First Schedule.

(2) The particulars referred to in subrule (1) shall be entered by the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar, in accordance with the instructions in Form VIII set out in the First Schedule.

Verification of particulars      19. The Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar shall, after inserting the particulars referred to in rule 18(1), request the informant to verify the particulars entered and if it appears that any error has been made in those particulars the Registrar shall, in the presence of the informant, make the necessary correction.

Signatures      20. (1) The Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar shall call upon the informant to sign the notice of birth in the appropriate places and if the informant is illiterate, to affix the informant's mark on the notice.

(2) If, pursuant to section *fifteen* of the Act, an entry has been made of the name of the person acknowledging to be the putative father of child born out of wedlock, the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar shall call first upon that person and then upon the mother to sign the notice or, if they are illiterate, to affix their marks on the notice.

Signature of Registrar      21. When the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar has signed the notice of birth, the name and stamp of the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar, as applicable, shall be impressed under the signature.

22. (1) Subject to section *nine* of the Act, the Registrar-General, Deputy Registrar-General, Registrar or Assistant Registrar may in appropriate cases register the birth of a child which has occurred more than one month previously.

Registration  
after one  
month but  
within twelve  
months

(2) The registration under subrule (1), shall be done within twelve months from the date of the birth of the child.

23. (1) Where a person informs the Assistant Registrar that a birth which occurred more than twelve months previously has not been registered, the Assistant Registrar shall make a report to the Registrar.

Registration  
after twelve  
months

(2) The report under subrule (1) shall state to the best of the Assistant Registrar's knowledge and belief—

(a) the particulars required to be registered concerning the birth, the source of the Assistant Registrar's information; and

(b) the name and address of any informant available to give information for the registration.

(3) Where an informant attends to give information for the registration of a birth which occurred more than twelve months previously, the written authority of the Registrar for registering the birth shall be obtained and the fact that such authority has been given shall be entered in the register and endorsed on the notice of birth.

(4) Before the Registrar authorises in writing the registration of a birth which has occurred more than twelve months previously, the informant shall state the reason or reasons for the late notification of the birth for Registrar's consideration in Form VIII set out in the First Schedule.

(5) A notification under this rule shall be accompanied with a baptism certificate or a certificate from the health facility where the child was born naming the mother and the date of birth.

(6) Where the child was not born in a health facility an affidavit each in Form IX set out in the First Schedule from two reliable witnesses to the birth shall be submitted to the Registrar.

(7) Upon giving written authority for the late registration of a birth under subrule (4), the Registrar shall forward the notification to the Assistant Registrar of the district in which the birth occurred and on receipt of the notification the Assistant Registrar shall retain the original copy and return the duplicate copy to the Registrar.

Alteration of name after registration	24. Where the name or altered name of a child is registered under section <i>seventeen</i> of the Act, the Registrar-General or Deputy Registrar-General shall issue a duplicate birth certificate stating the former names and the new names of the child as set out in Form V in the First Schedule.
Replacement of birth or death certificate	25. The Registrar-General, Deputy Registrar General, Registrar or Assistant Registrar shall issue a duplicate certificate in accordance with instructions in Form V (b) set out in the First Schedule, where a person requests replacement of a lost or destroyed certificate.
Amendment of rule 28	5. Subrule (2) of rule 28 of the principal Rules is amended by the deletion of the words “on Reg-Gen Form No. 15” and the substitution therefor of the words “in Form X set out in the First Schedule”.
Amendment of rule 30	6. Rule 30 of the principal Rules is amended by the deletion of the words “space 4” wherever they appear and the substitution therefor of the words “the appropriate space on Form X set out in the First Schedule”.
Amendment of rule 31	7. Rule 31 of the principal Rules is amended by the deletion of subrule (1) and the substitution therefor of the following: <p>(1) After completing registration of the still-birth, the Registrar shall issue a—</p> <p>(a) disposal certificate, in Form XI set out in the First Schedule, for the purpose of burial of the still-birth; and</p> <p>(b) still-birth certificate in Form XII set out in the First Schedule.</p>
Amendment of rule 33	8. Rule 33 of the principal Rules is amended by the deletion of the words “spaces 1 to 13 on Reg-Gen Form No. 22” and the substitution therefor of the words “Form XIII set out in the First Schedule”.
Amendment of rule 34	9. Rule 34 of the principal Rules is amended— <p>(a) in subrule (2), by the deletion of the words “spaces 1 and 2” and the substitution therefor of the words “appropriate spaces on Form XIII set out in the First Schedule”;</p> <p>(b) by the deletion of subrules (3) and (4) and the substitution therefor of the following:</p> <p>(3) The Registrar shall enter in the appropriate space the cause of death precisely as certified in the medical certificate, followed by the words “certified by ...” and the name and qualification</p>

of the medical practitioner who gave the medical certificate; and

(c) by the renumbering of subrule (5) as subrule (4).

10. Rule 35 of the principal Rules is amended—

Amendment  
of rule 35

(a) in subrule (1), by the deletion of the words “spaces 1 to 14 (excluding space 10) on Reg-Gen form No. 22” and the substitution therefor of the words “the appropriate spaces of Form XIII set out in the First Schedule”; and

(b) by the deletion of subrule (2) and the substitution therefor of the following:

(2) The Registrar shall then call upon the informant to sign on the appropriate space in Form XIII set out in the First Schedule and, when the Registrar has signed in the appropriate space, the Registrar shall impress the Registrar’s name stamp under the Registrar’s signature.

11. The principal Rules are amended by the revocation of rule 36 and the substitution therefor of the following:

Revocation  
and  
replacement  
of rule 36

36. Where the Registrar receives a coroner’s certificate upon an inquest with reference to a death, the Registrar shall register the death on Form XIII set out in the First Schedule, except that in the space for the informant’s signature, the Registrar shall enter the words “certificate received from ...” and the name and description of the coroner and the words “Inquest held ...” and the date for the inquest as stated in the certificate.

Registration  
of death  
after inquest

12. Rule 38 of the principal Rules is amended by the insertion, immediately after the word “certificate”, of a comma and the words “in Form XI set out in the First Schedule,”.

Amendment  
of rule 38

13. The principal Rules are amended by the revocation of the First Schedule and the substitution therefor of the First Schedule set out in the Appendix.

Revocation  
and  
replacement  
of First  
Schedule

14. The principal Rules are amended by the renumbering of rules 26 to 44 as rules 25 to 43 respectively.

General  
amendment

(Rule 13)

(Rules 3, 4, 5, 16, 17, 18, 23, 27, 32 and 37)

## Form I

(To be completed in duplicate)

## The Births and Deaths Registration Act

(Laws, Volume 5, Cap 51)

## REGISTER OF BIRTHS

[illegible]

(To be completed in duplicate)  
(Stocked by DNRPC)



REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

## The Births and Deaths Registration (General) (Amendment) Rules, 2016

## REGISTER OF STILL-BIRTHS

[illegible]

Form III  
(Rule 4)  
(To be completed in duplicate)  
(Stocked by DNRPC)



REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

## REGISTER OF DEATHS

[illegible]





Form IV  
(Rule 5)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

**BIRTH CERTIFICATE**

No.: ..... District: .....  
Date of Birth: .....  
Place of Birth: .....  
Surname of Child: .....  
Other Names: .....  
Names and Surname of Father: .....  
Occupation of Father: .....  
Father's NAPSA or any other Social Security Scheme Number: .....  
Father's National Identity No.: .....  
Names and Surname of Mother: .....  
Mother's Maiden Surname: .....  
Mother's NAPSA or any other Social Security Scheme Number: .....  
Mother's National Identity No.: .....  
Name of Informant: .....  
Informant's Residential Address: .....  
.....  
.....  
Postal Address: .....  
.....  
Date of Registration: .....  
Name of Registrar: .....

I hereby certify that the above certificate is a true copy of the particulars recorded in relation to the birth of the said child in the Register of Births kept at Lusaka.

Dated this ..... day of ....., 20.....

.....  
*Registrar-General/Deputy Registrar-General*  
*Registrar/Assistant Registrar*



Form V  
(Rule 5)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

DEATH CERTIFICATE

No.: ..... District: .....  
Date of Death: .....  
Place of Death: .....  
Names and Surname of Deceased: .....  
Sex: ..... Age: .....  
Nationality: .....  
Occupation: .....  
NAPSA or any other Social Security Scheme Number: .....  
National Identity No.: .....  
Cause of Death: .....  
.....  
.....  
Name of Informant: .....  
Relationship to Deceased: .....  
Date of Registration: .....  
Name of Registrar: .....

I do hereby certify that the above certificate is a true copy of the particulars registered in relation to the death of the person named in the Register of Deaths kept at Lusaka.

Dated this ..... day of ....., 20.....

.....  
Registrar-General/Deputy Registrar-General/Registrar



Form VI (a)  
(Rule 24)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

**DUPLICATE BIRTH CERTIFICATE**

No.: ..... District: .....  
Date of Birth: .....  
Place of Birth: .....  
Surname of Child: .....  
Other Names: .....  
Former Names of Child: .....  
Names and Surname of Father: .....  
Occupation of Father: .....  
Father's NAPSAs or any other Social Security Scheme Number: .....  
Father's National Identity No.: .....  
Names and Surname of Mother: .....  
Mother's Maiden Surname: .....  
Mother's NAPSAs or any other Social Security Scheme Number: .....  
Mother's National Identity No.: .....  
Name of Informant: .....  
Informant's Residential Address: .....  
.....  
.....  
Postal Address: .....  
.....  
Date of Registration: .....  
  
Name of Registrar: .....

I hereby certify that the above certificate is a true copy of the particulars recorded in relation to the birth of the said child in the Register of Births kept at Lusaka.

Dated this ..... day of ....., 20.....

.....  
*Registrar-General/Deputy Registrar-General*



Form VI (b)  
(Rule 25)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

DUPLICATE BIRTH CERTIFICATE

No.: ..... District: .....  
Date of Birth: .....  
Place of Birth: .....  
Surname of Child: .....  
Other Names: .....  
Names and Surname of Father: .....  
Occupation of Father: .....  
Father's NAPSA or any other Social Security Scheme Number: .....  
Father's National Identity No.: .....  
Names and Surname of Mother: .....  
Mother's Maiden Surname: .....  
Mother's NAPSA or any other Social Security Scheme Number: .....  
Mother's National Identity No.: .....  
Name of Informant: .....  
Informant's Residential Address: .....  
.....  
Postal Address: .....  
.....  
Date of Registration: .....  
Name of Registrar: .....

I hereby certify that the above certificate is a true copy of the particulars recorded in relation to the birth of the said child in the Register of Births kept at Lusaka.

Dated this ..... day of ....., 20.....

.....  
*Registrar-General/Deputy Registrar-General/  
Registrar/Assistant Registrar*

Form VII  
(Rule 5)  
(To be completed in duplicate)  
(Stocked by DNRPC)



REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

---

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

SHORTENED FORM OF BIRTH CERTIFICATE

This is to certify that the following information in respect of the record of birth of  
..... is a true extract from the Register of  
Births kept at Lusaka.

Christian Name(s) ..... Sex: .....

Date of Birth: ..... Place of Birth: .....

Extracted this ..... day of ....., 20.....

.....  
*Registrar-General/Deputy Registrar-General/Registrar*



Form VIII  
(Rules 16, 17, 18 and 23)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

**WARNING:** In terms of section 9 of the Births and Deaths Registration Act, Cap. 51; any person who is obliged to make a registration and refuses or neglects to state any particular required on this form or gives any false information for the purpose of registration commits an offence and may, on conviction, be fined or imprisoned, or fined and imprisoned.

NOTICE OF BIRTH												
Shaded fields for official use only		Notice No.										
		Date and Time										
<b>Information Required</b>		<b>Information Provided</b>										√
<b>DETAILS OF BIRTH</b>		<b>DATE OF BIRTH:</b>										
Place of Birth:		Health Facility:		Home:		<b>DISTRICT:</b>						
Health Facility Name: <i>(if born at health facility)</i>		Other (specify):		Sex:		M		F				
Home Address <i>(if born at home)</i> :												
Other (Specify):												
Male or Female		Male		Female								
Surname:												
Given Name:												
Other Name(s):												
Birth Weight:												
<b>DETAILS OF FATHER</b>												
Surname:												
Other Name(s)												
Date of Birth:		D D / M M / Y Y Y Y										
National Identity No.:												
Occupation:												
Social Security No.												
Village of origin:		Chief:										
Tribe:		District:										
Nationality:												
Residential Address:												
Contact No.:												
<b>DETAILS OF MOTHER</b>												
Surname:												
Other Name(s):												
Date of Birth:		D D / M M / Y Y Y Y										
Age of Mother at Birth of Child above (Years):												
National Identity No.:												
Occupation:												
Social Security No.												
Village of Origin:		Chief:										
Tribe:		District:										
Nationality:												
Education:		Never Been to School		Primary		Secondary		Tertiary				
Residential Address:												

Usual Place of Residence:			
Attendant at Birth:	Qualified Midwife		Traditional Birth Attendant
	Others (specify)		
<b>ACKNOWLEDGEMENT OF PARENTHOOD</b>			
Marital Status of Parents:	Married		Not Married
If not married, complete the following:	I, ..... acknowledge myself to be the natural Father of the child in Part 1. Signature ..... Date ..... (Mother) I, ..... hereby request and consent that the above named be registered as the Father of the child in Part 1. Signature ..... Date .....		
<b>LATE NOTICE</b>			
If the child is above 12 months: complete the following:	That the reasons I failed to notify the birth of my child within twelve months after birth are: ..... I, therefore respectfully request that authority be given for the Registration of the Birth of the child in Part 1: Signature of Declarant ..... Date .....		
<b>DETAILS OF INFORMANT</b>			
Surname:			
Other Name(s):			
National Identity No.:			
Nationality:			
Relationship to Child:			
Residential Address:			
Postal Address:			
Contact No.			
<b>APPENDICES (Attachments)</b>			
Original Birth Record			
Copies of Parent's National Identity Document			
<b>INFORMANT'S DECLARATION:</b>			
I hereby declare that the information provided above is true, correct and complete to the best of my knowledge. I understand that any incorrect, misleading or untrue information or the withholding of any relevant information is an offence. ..... Name Signature Date			
<b>FOR OFFICIAL USE ONLY</b>			
Name of Assistant Registrar		Signature	
Name of Registrar		Signature	
		OFFICIAL STAMP	

**NOTE 1**—The informant should be Father or Mother of the child and only if neither is able to give necessary information is one of the following persons entitled to give notice:

- (a) the occupier of the house or the person in-charge of the hospital or institution where the child was born;
- (b) a person present at birth; or
- (c) the person now having charge of the child.

**NOTE 2** – In terms of section 15 of the Act, a Registrar shall not enter in the Births Register the name of any person as father of an illegitimate child except at the joint request of the mother and the person acknowledging himself in writing in the presence of the Registrar to be the father of the child.

**NOTE 3** — If you are a member of the National Pension Scheme Authority please quote your Social Security Number as this will assist the fund in the payment of benefits.

#### INSTRUCTIONS FOR COMPLETING NOTICE OF BIRTH

- Fill in all applicable spaces using BLOCK LETTERS only without ERASURES or use of CORRECTING FLUID.
- Use black or blue ink only.
- Ensure that the information provided on the Form is correct to the best of your knowledge.
- Once the forms have been submitted, the information provided will be considered correct details of the applicant.

Form IX  
(Rule 23(6))  
(To be completed in duplicate)  
(Stocked by DNRPC)



REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

**AFFIDAVIT OF BIRTH BY INDEPENDENT WITNESS**

I (deponent's full names) ..... of  
(address) .....  
aged ..... and holder of National Registration Card No.: .....  
hereby make \*oath/\*affirmation and say that I have personal knowledge of the birth of  
..... (child's name)

He/she is my (relationship) .....  
He/she was born on ..... at \*Village/\*House  
No. .... District ..... Country .....

I further declare that to the best of my knowledge and belief his/her parents' names are as follows:

Father: ..... Tribe: ..... Village: .....

District: ..... Country: .....

Mother: ..... Tribe: ..... Village: .....

District: ..... Country: .....

I make this \*oath/\*affirmation conscientiously believing the same to be true.

Signed .....

\*Sworn/\*affirmed before me at ..... this ..... day ..... 20 .....

.....  
*Magistrate/Commissioner for Oaths*

\*Delete as appropriate





Form X  
(Rules 27 and 29)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

NOTICE OF BIRTH OF A STILL-BORN CHILD

No.: ..... District .....

WARNING-In terms of section 9 of the Births and Deaths Registration Act, any person who is obliged to make a registration and refuses or neglects to state any particular required on his form or gives any false information for the purpose of registration shall be guilty of an offence and may, on conviction, be imprisoned for one month and/or fined two hundred penalty units.

*Child:*

Surname: .....

Date of Birth: ..... Sex: .....

Cause of Death and Nature of Evidence that Child was still-born: .....

.....  
.....

*Parents of Child:*

Names and Surname of Father: .....

Occupation of Father: .....

Z.N.P.F. or any other Social Security Scheme Number, if any: .....

Names and Surname of Mother: .....

Maiden Surname of Mother: .....

Mother's Z.N.P.F. or any other Social Security Scheme Number, if any: .....

Nationality of Parents: .....

Date of Parents' Marriage: .....

*Informant:*

Signature or Mark: .....

(Name to be printed in addition to his/her signature)

Relationship to Child: .....

Residential Address: .....

.....  
Postal Address: .....

Date of Giving Notice: .....

Signature of Assistant Registrar (where applicable): .....

(Name stamp to be impressed under signature)

Signature of Registrar: .....

(Name stamp to be impressed under signature)

NOTE 1-The informant should be the father or mother of the child and only if neither is able to give the necessary information should one of the following persons be entitled to give notice:

(a) the occupier of the house or the person in charge of the hospital or the institution where the child was born; or

(b) a person present at the birth.

NOTE 2 - In terms of section 15 of the Act, a Registrar shall not enter in the Births Register the name of any person as father of an illegitimate child except at the joint request of the mother and the person acknowledging himself in writing in the presence of the Registrar to be the father of the child.

NOTE 3 - If you are a member of the Zambia National Provident Fund or any other Social Security Scheme please quote your Social Security Number as this will assist the Fund or Scheme in the payment of benefits.

NOTE 4 - In terms of section 14 (2) of the Act, this notice must be accompanied either by a written certificate that the child was not born alive, signed by a registered medical practitioner or certified midwife who was in attendance at the birth or who has examined the body of the child, or in default thereof the informant should complete the following declaration:

I, ..... (name of person giving notice)  
of .....

do solemnly and sincerely declare that no medical practitioner or midwife was present at the birth or has examined the body and that the child was not born alive. And that I make this declaration, conscientiously believing the same to be true.

Declared at ..... this ..... day of ....., 20 .....

Signature of Mark: .....

Before me: .....

*Registrar/Assistant Registrar*



Form XI  
(Rules 30 and 37]  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

---

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

PERMIT FOR BURIAL OR OTHER DISPOSAL OF A BODY

In accordance with \*subsection (6)/subsection (8)(b) of section 18 of the Births and Deaths Registration Act, I hereby authorise the burial or disposal by ..... of the body of ..... who died at ..... on the ..... day of ....., 20.....

\*Registrar  
Magistrate  
Police Officer  
Other officer specially empowered

\*Delete whichever is not applicable

Form XII  
(Rule 30)  
(To be completed in duplicate)  
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

**The Births and Deaths Registration Act**  
(Laws, Volume 5, Cap 51)

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**  
STILL-BIRTH CERTIFICATE

No.	Date and place of birth	Surname	Sex	Cause of death	Names and surname of Father of Mother	Names, surname, maiden surname and social security number of Mother	Occupation and social security number information	Name description and residence of informant	When registered	Name of Registrar

I hereby certify that the above certificate is a true copy of the particulars recorded in relation to the birth of the said child in the Register of Still-Births kept at Lusaka.

Dated this ..... day of ....., 20.....

.....  
*Registrar-General/Deputy Registrar-General/Registrar*



REPUBLIC OF ZAMBIA

Form XIII  
(Rule 32)  
(To be completed in duplicate)  
(Stocked by DNRPC)

**The Births and Deaths Registration Act  
(Laws, Volume 5, Cap 51)**

**The Births and Deaths Registration (General) (Amendment) Rules, 2016**

**WARNING:** In terms of section 9 of the Births and Deaths Registration Act, Cap. 51; any person who is obliged to make a registration and refuses or neglects to state any particular required on this form or gives any false information for the purpose of registration commits an offence and may, on conviction, be fined or imprisoned or fined and imprisoned.

NOTICE OF DEATH												
Please complete in block letters	Shaded fields for official use only	Application No.										
		Date and Time										
Information Required		Information Provided										✓
<b>A. DETAILS OF THE DECEASED</b>		<b>SERIAL No.</b>		<b>DISTRICT:</b>								
Surname of the Deceased												
Other Name(s)												
Occupation												
Residential address												
Date of Death		D D / M M / Y Y Y Y										
Place of occurrence of death		Health Facility				Home						
		Other (specify)										
Name of place of death												
Date of Birth		D D / M M / Y Y Y Y										
Age at Death						SEX		M		F		
Nationality of Deceased												
National Identity No.:												
Social Security No./NAPSA												
Level of education		NBTS		Primary		Secondary		Tertiary				
<b>B. CAUSE OF DEATH:</b>		<b>(FOR OFFICIAL USE ONLY)</b>										
		Health Facility Death (attach medial certificate of the cause of death), Home Based (attach letter from traditional leader), Brought in dead (Police to complete Part C or attach a Police Report); un-natural cause (attach coroner's report)										
Immediate Cause						I.C.D. CODE						
Antecedent Cause						I.C.D. CODE						
Underlying Cause						I.C.D. CODE						
<b>C. POLICE REPORT: BROUGHT-IN-DEAD CERTIFICATE</b>												
This is to certify that: MR/MRS/MS												
Place of Residence												
Confirms having brought in the body of his/her (relationship)												
Surname:												
Other Names:												
Age:		He/she passed away on				D D / M M / Y Y Y Y		Time:				
At (Place):												
Suddenly/Suffering from:												
Treatment was at:												
1. And this is natural death		<input type="checkbox"/>										
2. And this is sudden death and post mortem examination to be conducted (Tick applicable situation)		<input type="checkbox"/>										
No. and Rank:						Formation:						

No. and Rank:		Formation:	
Name: .....			
Signed: .....		Date: .....	
Doctor's Remarks:			
Pupils dilated and fixed:			
Certified by (Name): .....			
Signature: .....			
Date: .....			
<b>D. DETAILS OF INFORMANT:</b>			
Surname			
Other Names			
Relationship to the Deceased			
Contact No.:			
National Identity No.:			
Nationality:			
Residential Address:			
Postal Address:			
Date of Registration:			
<b>E. APPENDICES (Attachments)</b>			
Original Medical Certificate of the Cause of Death			
Copy of Informant's National Identity Document			
Coroner's Report in case of unnatural death requiring investigation			
<b>INFORMANT'S DECLARATION</b>			
I hereby declare that the information provided above is true, correct and complete to the best of my knowledge.			
I understand that any incorrect, misleading or untrue information or the withholding of any relevant information is an offence.			
.....			
Name	Signature	Date	
<b>FOR OFFICIAL USE ONLY</b>			
Name of Assistant Registrar		Signature	
Name of Registrar		Signature	
OFFICIAL STAMP			

**NOTE 1** – The informant should be a relative present at the death or in attendance during the last illness of the deceased, and in default thereof the person from the following:

- (a) A relative living in the district where the deceased died;
- (b) A person present at the death; and
- (c) The undertaker.

**NOTE 2** – The Medical Certificate showing the cause of Death must be attached to this form.

**NOTE 3** – If the deceased was a member of the National Pension Authority, please quote his/her Social Security Number as this will assist the Fund in the payment of benefits.

### INSTRUCTIONS FOR COMPLETING NOTICE OF DEATH

1. Fill in all applicable spaces using BLOCK LETTERS only without ERASURES or use of CORRECTING FLUID.

2. Use black or blue ink only.
3. Ensure that the information provided on the Form is correct to the best of your knowledge.
4. Once the forms have been submitted, the information provided will be considered correct details of the applicant.

**D. MWILA,**  
*Minister of Home Affairs*

LUSAKA  
3rd June, 2016

