

**THE NATIONAL IDENTIFICATION AND REGISTRATION ACT**

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**The National Identification and Registration  
Regulations, 2024**

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**FIRST SCHEDULE**

(Regulations 2, 3, 7, 8,  
9, 10, 11, 12, 14, 15,  
16 and 17)

**FORM 11**

**THE NATIONAL IDENTIFICATION AND REGISTRATION ACT**

**NOTIFICATION OF DEATH OF ENROLLED INDIVIDUAL**

**VOLUNTARY DECLARATION OF PERSON IN CHARGE OF THE AFFAIRS  
OF THE DECEASED ENROLLED INDIVIDUAL**

IN THE MATTER OF \_\_\_\_\_  
*(State full name of enrolled individual)*

AND IN THE MATTER OF the Voluntary Declarations Act

AND IN THE MATTER OF Regulation 14 of the National Identification and  
Registration Regulations, 2024

I, \_\_\_\_\_  
*(State full name of person in charge of the affairs of the deceased enrolled individual)*

Do solemnly and sincerely declare that:

1. *(Insert the name of the enrolled individual)* is enrolled in the National Identification System.
2. The National Identification Number of *(insert the name of the enrolled individual)* is xxx-xxx-xxx.
3. The *(insert the name of the enrolled individual)* died on the \_\_\_\_\_ day of \_\_\_\_\_, 2xxx [at *(insert location of the death of the enrolled individual)*] [has been declared dead by virtue of Court Order dated the day of \_\_\_\_\_, 2xxx].
4. That the evidence of the death of *(insert the name of the enrolled individual)* is enclosed as Exhibit A hereto.
5. Upon the death of *(insert the name of enrolled individual)*, I assumed the role of the person in charge of the personal affairs of *(insert the name of the enrolled individual)* by virtue of *(state nature of relationship and enclose certified copy of documentary evidence as Exhibit B<sup>3</sup>)*.
6. As the person in charge of the personal affairs of the enrolled individual, I hereby notify the Authority of the death of the *(insert the name of the enrolled individual)*.

And I make this solemn declaration believing the same to be true and by virtue of the Voluntary Declarations Act.

Taken and Acknowledged by the said)

\_\_\_\_\_) )  
(*Signature of Person in charge of the affairs of the deceased enrolled individual*)

\_\_\_\_\_  
(*Full name of person in charge of the affairs of the deceased enrolled individual*)

\_\_\_\_\_  
<sup>3</sup> Examples of evidence include copy of the death certificate, letters of administration or grant of probate.

This          day                                  of 20    )

At:

( \_\_\_\_\_ )  
(State address of Justice of the Peace)

BEFORE ME:

\_\_\_\_\_  
(State full name of Justice of the Peace)

\_\_\_\_\_  
(Signature of Justice of the Peace)

Seal/stamp of  
certifying official  
(where applicable)

JUSTICE OF THE PEACE

**Marksman Clause**

(to be used when the applicant is unable to sign the application form due to illiteracy, disability or infirmity and is able to and desirous of making his/her mark)

Name of applicant: \_\_\_\_\_

Mark of applicant: \_\_\_\_\_

I (*insert name of Justice of the Peace*) have witnessed (*insert name of the applicant*) sign the application form in my presence after I have read it to him/her and explained its full effect. I am satisfied he/she fully understands the same and the implications and he/she expressed themselves as fully understanding the nature and effect of the contents.

Name of Justice of the Peace: \_\_\_\_\_

Signature of Justice of the Peace supervisor: \_\_\_\_\_

Seal/stamp of  
certifying official  
(where applicable)