

**CHAPTER 149**

**BIRTHS AND DEATHS REGISTRATION ACT**

SUBSIDIARY LEGISLATION

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**TOWNS, DISTRICTS AND AREAS IN WHICH REGISTRATION OF BIRTHS  
AND DEATHS IS DECLARED TO BE COMPULSORY UNDER  
SECTIONS 9(2) AND 15(2)**

[L.N. 172/1963, L.N. 174/1965, L.N. 262/1966, L.N. 18/1967, L.N. 56/1967, L.N. 7/1968,  
L.N. 173/1968, L.N. 29/1969, L.N. 30/1969, L.N. 207/1969, L.N. 184/1971.]

The registration of the births and deaths of all inhabitants of the Nyeri District and the City of Nairobi is compulsory, with effect from the 12th March, 1963.

The registration of the births and deaths of all inhabitants of—

- (a) the municipality of Mombasa;
- (b) the municipality of Nakuru;
- (c) the Bungoma District; and
- (d) the Kwale District,

is compulsory, with effect from the 1st July, 1965.

The registration of the births and deaths of all inhabitants of that part of the Nakuru District in respect of which the registration of births and deaths is not already compulsory is compulsory, with effect from the 1st October, 1966.

The registration of the births and deaths of all inhabitants of the municipality of Kisumu is compulsory, with effect from the 1st January, 1967.

The registration of the births and deaths of all inhabitants of that part of Kisumu District, in respect of which the registration of births and deaths is not already compulsory, is compulsory with effect from 1st January, 1968.

The registration of the births and deaths of all inhabitants of the Eldoret Municipality and of the Kiambu, Kakamega, Kilifi, Kericho and Embu Districts, in respect of which the registration of births and deaths is not already compulsory, is compulsory with effect from 1st July, 1968.

The registration of the births and deaths of all inhabitants of that part of the Uasin Gishu District, in respect of which the registration of births and deaths is not already compulsory, is compulsory with effect from 1st January, 1969.

The registration of the births and deaths of all inhabitants of the Murang'a, Siaya, Machakos and Lamu Districts and the Kitale Municipality is compulsory with effect from 1st January, 1969.

The registration of the births and deaths of all inhabitants of the Busia, Trans Nzoia, Elgeyo-Marakwet, South Nyanza, Nyandarua, Taita, Kirinyaga and Meru Districts, is compulsory with effect from 1st October, 1969.

The registration of the births and deaths of all inhabitants of the remaining non-compulsory areas within the Republic is compulsory with effect from 1st September, 1971.



**BIRTHS AND DEATHS REGISTRATION RULES, 1966**

[L.N. 270/1966, L.N. 187/1969, L.N. 43/1970, L.N. 49/1981, L.N. 244/1988, L.N. 99/2017.]

## PART I – PRELIMINARY

1. These Rules may be cited as the Births and Deaths Registration Rules, 1966.
2. In these Rules, except where the context otherwise requires—

“**compulsory registration area**” means a registration area in respect of which a declaration has been made under section 9(2) or section 15(2), as the case may be, of the Act that the registration of births or deaths of all the inhabitants of the area shall be compulsory.

## PART II – GENERAL REGISTRATION PROCEDURE

3. Births and deaths may be registered at the office of the registrar in any registration area during office hours.
4. (1) Births and deaths occurring on board ships on that portion of Lake Victoria within Kenya shall be registered at Kisumu.  
(2) Births and deaths occurring on board ships while within coastal territorial waters shall be registered either at the office of the registrar at Mombasa or at the office of the registrar nearest to the port of first arrival in Kenya of the ship upon which the birth or death occurred.
5. (1) Any person whose duty it is to register a birth or death may, on sending to the registrar satisfactory reasons for his non-attendance, apply to register the birth or death without personal attendance at the office of the registrar; and the registrar may register the birth or death without the personal attendance of the informant, or may defer registration until the informant has attended personally.  
(2) A person registering a birth or death without personal attendance shall fill in and sign the appropriate registration form giving the particulars prescribed, which form shall be obtained from the registrar.

## PART III – BIRTH REGISTRATION PROCEDURE

6. The time within which the notice of the birth of any child is to be given under section 11 of the Act to the registrar of the registration area in which the birth occurs shall be three months from the date of birth.
7. The register of births to be kept by a registrar in a compulsory registration area shall be maintained in loose-leaf form and shall contain the particulars required in Form No. 1 in the Schedule to these Rules.
8. (1) A person registering a birth in a compulsory registration area shall complete in duplicate a birth registration form in Form No. 1 in the Schedule to these Rules and shall deliver it to the registrar or a deputy registrar.  
(2) The registrar shall give the entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year and affix such number to both copies of the entry.  
(3) If the form is delivered to a deputy registrar, he shall ensure that it is complete in every detail and shall then send both copies of the form to the registrar.  
(4) The registrar shall sign the top copy, which shall constitute the original entry; and he shall forward to the Registrar-General the original of every entry received by him every two weeks or after such period as may be directed by the Registrar-General.

*Births and Deaths Registration*

[Subsidiary]

**9.** The register of births to be kept by a registrar or Registrar-General in registration areas other than compulsory registration areas shall be a register book in Form No. 2 in the Schedule to these Rules.

**10.** (1) The registrar shall ensure that an entry made in the register book referred to in rule 9 of these Rules is complete in every respect before it is signed by the informant.

(2) The registrar shall give the entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year.

(3) The registrar shall forward to the Registrar-General a certified copy of all entries made in the register book, referred to in rule 9 of these Rules, in Form No. 3 set out in the Schedule to these Rules, every two weeks or after such period as may be directed by the Registrar-General.

**11.** A certificate of birth issued by the Registrar-General under section 26(3) of the Act shall be either a full certificate in Form No. 4, or a short certificate in Form No. 5, in the Schedule to these Rules, and any person shall on payment of the prescribed fee be entitled to obtain from the Registrar-General a birth certificate in either form:

Provided that where the entry in the register of births is marked "Adopted", "Re-adopted", "Adopted (Tanzania)", "Adopted (Uganda)", "Re-adopted (Tanzania)" or "Re-adopted (Uganda)", and the court which made the adoption order has specified a name or surname which the registered person is to bear instead of the original, then such name or surname shall be inserted in the short form of the birth certificate in place of the original name or surname.

## PART IV – DEATH REGISTRATION PROCEDURE

**12.** The time within which notice of the death of any person is to be given under section 17 of the Act to the registrar of the registration area in which the death occurs shall be one month from the date of death.

**13.** The register of deaths to be kept by a registrar in a compulsory registration area shall be maintained in a loose-leaf form and shall contain the particulars required in Forms Nos. 6 or 7 respectively in the Schedule to these Rules.

**14.** (1) Where a medical practitioner certifies the cause of death of a person dying in a compulsory registration area, he shall complete a death registration form in Form No. 6 in triplicate and shall issue the original and duplicate to the next-of-kin of the deceased person, who shall take them to the registrar to obtain a permit to dispose of the body under section 19 of the Act.

(2) The medical practitioner shall retain the triplicate copy of the form in his possession.

**15.** (1) Upon receipt of the original and duplicate of the death registration form the registrar shall sign the top copy, which shall constitute the original entry.

(2) The registrar shall give each separate entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year and affix such number to both copies of the entry.

(3) The registrar shall forward to the Registrar-General the original of every entry received by him every two weeks or after such period as may be directed by the Registrar-General.

**16.** (1) Where no medical practitioner is available to certify the cause of death of a person dying in a compulsory registration area, the person registering the death shall complete in triplicate death registration forms containing the particulars set out in Form No. 7 in the Schedule to these Rules, and shall lodge the same with the registrar.

(2) The registrar shall peruse the form to ensure that it is complete in every detail and, if he is satisfied that the death was one from natural causes, may issue a written permit authorizing the interment or other disposal of the body in accordance with section 20(2) of the Act, but before so doing, unless a magistrate or police officer has certified that the death is not one to which sections 386 or 387 of the Criminal Procedure Code (Cap. 75) applies, he shall cause such inquiry to be made as to the cause of death as he thinks fit, and for that purpose every registrar and deputy registrar in a compulsory registration area is hereby specially empowered in that behalf pursuant to section 20(1) of the Act.

**17.** (1) Where the death registration form is delivered to a deputy registrar, such officer shall forward the original and duplicate of the death registration form to the registrar of deaths for the registration area in which the death occurred, retaining the triplicate copy for his records.

(2) Upon receiving a death registration form from a deputy registrar, the registrar shall peruse it and ensure that it is complete, and shall thereafter sign the top copy, which shall constitute the original entry.

(3) The registrar shall give the entry consecutive numbers from a series of consecutive numbers to be started on the 1st January in each year.

(4) The registrar shall forward to the Registrar-General the original of every entry received by him every two weeks or after such period as may be directed by the Registrar-General.

**18.** The register of deaths to be kept by a registrar in registration areas other than compulsory registration areas shall be a register book in Form No. 8 in the Schedule to these Rules.

**19.** (1) The registrar shall ensure that an entry made in the register book referred to in rule 18 of these Rules is complete in every respect before it is signed by the informant, and shall not register the death without production of one of the documents mentioned in section 19(1) of the Act.

(2) The registrar shall give the entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year.

(3) The registrar shall forward to the Registrar-General certified copies of all entries made in the register book referred to in rule 18 of these Rules, in Form No. 9 in the Schedule to these Rules, every two weeks or after such period as may be directed by the Registrar-General.

**20.** A medical certificate under section 19(1)(a) of the Act as to the cause of death, whether a post-mortem examination has been carried out or not, shall, in respect of a death occurring in a compulsory registration area, be in Form No. 6 in the Schedule to these Rules and in respect of a death occurring elsewhere shall be in Form No. 10 in the said Schedule, and in a case of sudden death anywhere where no medical practitioner was in attendance before the death shall be in Form No. 11 in the said Schedule.

**21.** Notice in writing under section 19(1)(b) of the Act, signed by a medical practitioner and stating that a medical certificate has been signed by him, shall be in Form No. 12 in the Schedule to these Rules.

**22.** A death report under section 19(1)(c) of the Act upon which a magistrate, police officer or person specially empowered to make inquiries certifies that a death is not one to which section 386 or section 387 of the Criminal Procedure Code (Cap. 75) applies shall, in respect of a death occurring in a compulsory registration area, be in Form No. 7 in the Schedule to these Rules, and in respect of a death occurring elsewhere shall be in Form No. 13 in the said Schedule.

*Births and Deaths Registration*

[Subsidiary]

## PART V – FEES

[L.N. 49/1981, r. 2, L.N. 244/1988, r. 2.]

23. The following fees shall be chargeable—

	<i>Sh</i>
(a) for the registration of a birth more than six months after the date of birth where registration was compulsory.....	100
(b) for the registration of the name or alteration in the name of any child whose birth has previously been registered.....	40
(c) for the registration of a death, more than six months after the date of death, where registration was compulsory.....	100
(d) for the inspection of any register, return or index in the custody of the registrar or the Registrar-General.....	20
(e) for a certified copy of any entry in any register or return in the custody of the registrar or the Registrar-General.....	50
(f) for a birth certificate in the short form prescribed by rule 11.....	5
(g) for making a correction in any entry in a register or index.....	40
(h) for authenticating the seal of the Registrar-General by the Attorney-General....	100
(i) for preparing copies of documents on requests by means of photographic process, xerography or any other copying process....such fees as may be determined by the registrar.	



*Births and Deaths Registration*

[Subsidiary]

24. Where the registrar is a local authority or an officer of a local authority, any fee chargeable under rule 23 of these Rules and received by the local authority or officer aforesaid shall be paid into the funds of the local authority and shall form part of its general revenue.

**25. Waiver of fees**

Notwithstanding rule 11, the Cabinet Secretary may waive the fees chargeable under rule 23.

[L.N. 99/2017, r. 2.]

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SCHEDULE

SCHEDULE

FORM No. 1

REGISTER OF BIRTH

DISTRICT:

REGISTRAR'S SERIAL NUMBER:

1. FULL NAME OF CHILD	Baptismal or given name(s)	Middle or tribal name	<input type="text"/> Son or daughter of	Surname or tribal name of Father
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SCHEDULE—continued

FORM No. 2

REGISTER FOR THE REGISTRATION OF BIRTHS

20. ....		Births in the District of .....											in the Province of .....	
No.	Where born	Name	Sex	Name and surname of father	Father's occupation	Father's nationality	Name and maiden name of mother	Mother's occupation	Mother's nationality	Signature, description and residence of informant	Date of birth	Signature of Registering Officer	Date of registration	Baptismal name if added or altered after registration of birth

Births and Deaths Registration

[Subsidiary]

SCHEDULE—continued

FORM No. 3

No.	Where born	Name	Sex	Name and surname of father	Father's occupation	Father's nationality	Name and maiden name of mother	Mother's occupation	Mother's nationality	Signature, description and residence of informant	Date of birth	Signature of Registering Officer	Date of registration	Baptismal name if added or altered after registration of birth
Return of Births in the District of ..... in the Province of .....														
I, ....., the Registrar of Births for the ..... District ..... Province ..... of Kenya, do hereby certify that this is a true copy of an entry made in the Birth Register of this District.														
Witness my hand this ..... day of ..... 20 ..... Registrar of Births, ..... District.														

SCHEDULE—continued

FORM No. 4

CERTIFICATE OF BIRTH

Birth in the .....		District in the .....		Province .....	
No.	/20	Where Born	Name		
Date of Birth		Sex	Name and Surname of Father		
Name and Maiden Name of Mother					
Signature, Description and Residence of Informant					
Signature of Registering Officer			Date of Registration		
Baptismal Name if added or altered after Registration of Birth					

Given under the seal of the Registrar-General on the ..... day of ..... 20 .....

This certificate is issued in pursuance of the Births and Deaths Registration Act which provides that a certified copy of any entry in any register return purporting to be sealed or stamped with the seal of the Registrar-General shall be received as evidence of the dates and facts therein contained without any other proof of such entry.

## Births and Deaths Registration

[Subsidiary]

## FORM No. 5

## CERTIFICATE OF BIRTH (SHORT FORM)

Reference No. ....	
Registration District .....	
Name and Surname .....	
Sex .....	
Date of Birth .....	

Certified to have been compiled from records in the custody of the Registrar-General of Births and Deaths.

GIVEN under the Seal of the Registrar-General at Nairobi the ..... day of ....., 20 .....

## FORM No. 6

## REGISTER OF DEATH

(For use by Medical Practitioners and in Hospitals)

District: ..... Registrar's Serial No.: .....

1. Full Name of Deceased <input type="text"/>	Baptismal or given Name(s)	Middle or Tribal Name	<input type="text"/> Son or daughter of	Surname or Tribal Name of Father
2. Date of Death <input type="text"/>	Date of Month:	Month:	Year:	3. Sex of Deceased Male ..... 1 <input type="checkbox"/> Female ..... 2 <input type="checkbox"/>
4. Age of Deceased <input type="text"/>	Years (If under one year state in months ..... or days .....)			5. Occupation of Deceased
6. Exact Place of Death <input type="text"/>	No. of house and street or road, if any	Name of Town, if any, or Village/Sub-location and location		If in Institution-name of hospital or medical centre
7. Normal Residence of Deceased	If Deceased not normally resident at above place, state District in which he lived.			

<p><b>8. To BE COMPLETED BY MEDICAL PRACTITIONER:</b></p> <p><b>A. Cause of Death—Enter one cause per line:</b></p> <p style="margin-left: 20px;">I. IMMEDIATE CAUSE (A) .....</p> <p style="margin-left: 40px;">DUE TO (B) .....</p> <p style="margin-left: 40px;">DUE TO (C) .....</p> <p style="margin-left: 20px;">II. OTHER SIGNIFICANT CONDITIONS .....</p> <p><b>B. Certificate</b></p> <p>I certify that—</p> <p style="margin-left: 40px;">(a) I attended the deceased, or</p> <p style="margin-left: 40px;">(b) I examined the body after death, or</p> <p style="margin-left: 40px;">(c) I conducted a post mortem examination of the body and that the above information is correct to the best of my knowledge.</p> <p>Delete as appropriate.</p> <p>Signature ..... Title ..... Date .....</p> <p style="text-align: center;">NAME IN BLOCK LETTERS .....</p>	<p>Interval between Onset and Death</p> <p>.....</p> <p>.....</p> <p>.....</p>
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9. Signature of Local Registrar..... Date record received.....

TO OBTAIN A DISPOSAL PERMIT (BURIAL OR CREMATION) THIS CERTIFICATE IN DUPLICATE (TWO FORMS) MUST BE TAKEN TO THE OFFICE OF THE REGISTRAR OF DEATHS

**FORM No. 7**

**REGISTER OF DEATH**

(For use by next-of-kin where no medical certificate of cause of death issued)

District: ..... Registrar's Serial No. ....

1. Full Name of Deceased	Baptismal or given Name(s)	Middle or Tribal Name	<div style="border: 1px solid black; width: 30px; height: 15px; margin: 0 auto;"></div> Son or daughter of	Surname or Tribal Name of Father
2. Date of Death	Date of Month:	Month:	Year:	3. Sex of Deceased
<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>				Tick appropriate box Male ..... 1 <input type="checkbox"/> Female .... 2 <input type="checkbox"/>
4. Age of Deceased	..... years. If under one year state months. If under one month state ..... days.			5. Occupation of Deceased
6. Exact Place of Death	No. of house and street or road, if any	Name of Town, if any, or Village/Sub-location and location		If in Institution-name of hospital or medical centre
7. Normal Residence of Deceased	If Deceased not normally resident at above place, state district in which he lived.			

Births and Deaths Registration

[Subsidiary]

SCHEDULE, Form No. 7—continued

8. CERTIFICATE TO BE GIVEN BY RELATIVE OR OTHER INFORMANT WHERE NO MEDICAL CERTIFICATE GIVEN.

A. Apparent Cause of Death (Place tick in box against description which most nearly describes condition before death):

1. Natural Causes:

- Bellyache, with diarrhoea
- Sudden death (stroke)
- Fever with headache and stiff neck
- Other known cause, specify condition: \_\_\_\_\_
- Bellyache, without diarrhoea
- Difficulty or pain in passing urine
- Other fever \_\_\_\_\_
- Cough with short illness (less than 1 month)
- Yellow skin or yellow eyes
- Convulsions with lock jaw (tetanus) \_\_\_\_\_
- Cough with long illness (more than 1 month)
- Smallpox \_\_\_\_\_
- Shortness of breath and swelling of legs
- Measles \_\_\_\_\_
- Woman dying in childbirth \_\_\_\_\_

I am satisfied after inquiry that the above-mentioned death is not one to which section 386 or 387 of the Criminal Procedure Act (Cap. 75) apply. An external examination of the body has/has not been made by a medical practitioner.

Deputy Registrar,  
Magistrate/Police Officer

2. Unnatural Causes:

(A disposal certificate in these cases can ONLY be given by the police when satisfied that the provisions of Cap. 75 have been observed.)

- Accident
- Killed by another person
- Cause unknown
- Attack by animal or snake
- Suicide

3. Certificate

I certify that I am (state relationship to deceased or capacity in which information given) and that the above information is correct to the best of my knowledge.

Signature ..... Date .....  
(If illiterate, witness to mark of informant to sign)

9. Signature of Local Registrar ..... Date record received .....



SCHEDULE—continued

FORM No. 8

REGISTER FOR THE REGISTRATION OF DEATHS

20..... Deaths in the District of ..... in the Province of .....

No.	Name and surname of deceased	Age	Sex	Residence	Occupation	Nationality	Date of Death	Place of Death	Cause of Death	Signature, description and residence of informant	Signature of Registering Officer	Date of Registration

Births and Deaths Registration

[Subsidiary]

SCHEDULE—continued

FORM No. 9

FORTNIGHTLY RETURN OF DEATHS IN A DISTRICT

Return of Deaths in the District of ..... in the Province of .....

No.	Name and surname of deceased	Age	Sex	Residence	Occupation	Nationality	Date of Death	Place of Death	Cause of Death	Signature, description and residence of informant	Signature of Registering Officer	Date of Registration

I, ....., the Registrar of Deaths for the ..... District ..... Province, do hereby certify that this is a true copy of all entries made during the fortnight ended ..... 20..... in the Death Register of this District. Witness my hand this ..... day of ..... 20..... Registrar of Deaths, ..... District.

Births and Deaths Registration

[Subsidiary]

SCHEDULE—continued

FORM No. 10

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(for use of Medical Attendant, who should fill it up in all cases)

Place ..... Date .....

Name of deceased .....

Address .....

Age ..... Sex .....

Nationality .....

Religion .....

Time and date of death .....

Cause of death:— Approximate interval between onset and death

1. (a) .....  
due to or in consequence of

(b) .....  
due to or in consequence of

(c) .....

2. ....

.....

Cause of Death <sup>\*Confirmed</sup> / <sub>Not confirmed</sub> by post mortem.

Last seen alive .....

Employment .....

Name of nearest relative or of person attending .....

Medical Practitioner

\*Strike out whichever is inapplicable.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

To be used only by a Registered or Licensed Medical Practitioner who has been in attendance during the deceased's last illness, and to be forwarded by him forthwith to the Registrar of Deaths either direct or in such other manner as the Registrar may prescribe.

Hospital/station, town ..... Date .....

Name of deceased .....

Normally resident at ..... Road, .....

Age ..... Sex ..... Nationality ..... Religion .....

Died at ..... at about ..... o'clock \*a.m./p.m. on the  
..... day of ....., 20.....

Births and Deaths Registration

[Subsidiary]

CAUSE OF DEATH

Approximate interval between onset and death

SCHEDULE, Form No. 10—continued

I Disease or condition directly leading to death† ..... } (a) .....  
 antecedent causes, morbid conditions, if any, giving rise to the above cause, stating the underlying condition last. } due to or in consequence of .....  
 } (b) .....  
 } due to or in consequence of .....  
 } (c) .....

II Other significant conditions contributing to the death, but not related to the disease or condition causing it. } .....  
 } .....

Cause of death\* has / ~~has not~~ been confirmed by post mortem.

Deceased was last seen alive by me on the ..... day of ....., 20 .....

Place and nature of his employment .....

Name and residence of nearest relative or other person acting as informant .....

I hereby certify that I was in medical attendance during the above-named deceased's last illness, and the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature ..... Qualifications ..... Postal Address .....

\* Strike out whichever is inapplicable.

† This does not mean the mode of dying, such as, e.g. heart failure, asphyxia, asthenia, etc., it means the disease, injury or complication which caused death.

NOTICE TO INFORMANT

I hereby give notice that I have this day signed a Medical Certificate of the Cause of Death—  
of .....  
....., deceased.

Signature .....

Date .....

This Notice must be given by the Certifying Medical Practitioner to the person who is qualified and liable to act as informant for the purpose of the registration of the death. As to the person liable to act as informant, see back.

DUTIES OF INFORMANT

The informant must deliver this Notice to the Registrar of Births and Deaths of the registration area in which the death took place, bearing in mind that registration cannot take place until the Medical Certificate has reached the Registrar. Failure to deliver this Notice to the Registrar renders the informant liable to prosecution.

The informant must be prepared to state accurately to the Registrar the following particulars—

- (a) the date and place of death and the place of deceased's usual residence;
- (b) the full name;
- (c) correct age and sex;
- (d) occupation.

SCHEDULE—continued

FORM No. 11

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(for use of Doctors carrying out post-mortem examination, who should fill it in all cases)

Place ..... Date .....
Reported name of deceased .....
Reported address .....
Name of informant .....
Age reported assessed ..... Sex .....
Nationality .....
Religion .....
Time and date of death .....
Apparent cause of death .....
Contributory causes .....

Medical Practitioner

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(to be used by Registered or Licensed Medical Practitioner only in cases of sudden death and where there was no Medical Practitioner in attendance prior to death)

Hospital/station, town ..... Date .....

I certify that—

- (a) I have carried out a post-mortem examination of a body identified to me by ..... and ..... as being that of [name of deceased] ..... normally resident at ..... and of Years of age ..... reported assessed ..... Sex ..... Nationality ..... Religion ..... Found dead at ..... at ..... o'clock a.m. p.m. on the ..... day of ..... 20.....
(b) The apparent cause of death was ..... due to .....
(c) Contributory causes were—
(i) .....
(ii) .....

Signature .....
Name in block capitals .....
Qualifications .....
Registered/Licensed Medical Practitioner.

*Births and Deaths Registration*

[Subsidiary]

SCHEDULE, FORM No 11—*continued*

*This form should be completed in block capitals except for the signature of the Doctor.*

NOTICE TO INFORMANT

I hereby give notice that I have this day signed a Medical Certificate of the Cause of Death—  
of .....  
....., deceased.

Signature .....

Date .....

This Notice must be given by the Certifying Medical Practitioner to the person who is qualified and liable to act as informant for the purpose of the registration of the death. As to the person liable to act as informant, see back.

DUTIES OF INFORMANT

The informant must deliver this Notice to the Registrar of Births and Deaths of the registration area in which the death took place, bearing in mind that registration cannot take place until the Medical Certificate has reached the Registrar. Failure to deliver this Notice to the Registrar renders the informant liable to prosecution.

The informant must be prepared to state accurately to the Registrar the following particulars—

- (a) the date and place of death and the place of deceased's usual residence;
- (b) the full name;
- (c) correct age and sex;
- (d) occupation.

\_\_\_\_\_

FORM No. 12

NOTICE THAT MEDICAL CERTIFICATE OF CAUSE OF DEATH SIGNED

TAKE NOTICE that a medical certificate of the cause of death of .....  
..... has been duly signed by me.

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

.....  
Registered/Licensed Medical Practitioner

\_\_\_\_\_

FORM No. 13

DEATH REPORT

Part A – Report by Member of the Public

Town ..... Date ....., 20 .....

Name of deceased .....

Formerly a resident of ..... Road, .....

Father's name .....

Chief's name (where applicable) .....

Nationality or Tribe and District .....

Registration No. ....

Sex and age .....

Religion .....

Place and nature of employment .....

Date of death .....

Apparent cause of death .....

Place of death .....

List of property with deceased at time of death .....

Name and residence of any other relative .....

Remarks .....

.....

.....

Signature .....

Designation .....

Part B – Report by Medical Officer\*

From the result of an external examination and from the information at my disposal, I am satisfied that the death does not appear to be due to other than natural causes.

.....  
Registered/Licensed Medical Practitioner  
or Hospital Assistant

\* For the purposes of this report, "Medical Officer" includes Registered or Licensed Medical Practitioners and Hospital Assistants in independent charge of hospitals.

Part C – Report by Magistrate or Police Officer

I hereby certify that from inquiries which I have caused to be made, and to the best of my knowledge and belief, this case is not one to which section 386 or section 387 of the Criminal Procedure Code applies.

.....  
Magistrate or Police Officer





**BIRTHS AND DEATHS REGISTRATION (BIRTHS AND DEATHS OCCURRING OUTSIDE KENYA) (FORMS AND FEES) RULES, 1969**

[L.N. 170/1969.]

1. These Rules may be cited as the Births and Deaths Registration (Births and Deaths Occurring Outside Kenya) (Forms and Fees) Rules, 1969.
2. In these Rules, except where the context otherwise requires—  
 “**registrar**” means registrar of births and deaths occurring outside Kenya.
3. The register of births occurring outside Kenya and the register of deaths occurring outside Kenya, required to be kept under subsection 2 of section 7 of the Act by the Registrar shall contain the particulars set out in Forms I and II respectively in the First Schedule to these Rules.
4. A certificate of birth issued by the Registrar-General on payment of the appropriate fee specified in the Second Schedule to these Rules shall be in Form III in the First Schedule to these Rules.
5. A certificate of death issued by the Registrar-General on payment of the appropriate fee specified in the Second Schedule to these Rules shall be in Form IV in the First Schedule to these Rules.
6. Applications for the registration of a birth or death of a citizen of Kenya occurring outside Kenya shall be made to the registrar in Forms V and VI respectively in the First Schedule to these Rules and the duly completed form shall be submitted to the registrar by the informant either in person or by post.
7. The fees specified in the Second Schedule to these Rules shall be payable for the matters set out therein.

FIRST SCHEDULE  
FIRST SCHEDULE

FORM I (r. 3)

ENTRY No.

REGISTER OF BIRTH OF A CITIZEN OF KENYA OCCURRING ABROAD

1.	FULL NAME	Baptismal or Given Name(s)	Middle or Tribal Name	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Son of Daughter of	Surname or Tribal Name of Father
2.	DATE OF BIRTH	Date of Month	Month	Year	3. Sex of Child Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>
4.	FULL NAME OF FATHER	Baptismal or Given Name(s)	Middle or Tribal Name	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> Son of	Surname or Tribal Name of his Father

*Births and Deaths Registration*

[Subsidiary]

5.	FULL NAME OF MOTHER	Baptismal or Given Name(s)	Middle or Tribal Name	<input type="text"/>	Maiden Surname or Tribal Name of her Father
				Daughter of	
6.	EXACT PLACE AND COUNTRY OF BIRTH				
7.	NORMAL RESIDENCE IN KENYA OF MOTHER				
8.	NAME, DESCRIPTION AND RESIDENCE OF INFORMANT				
.....					
.....					
Date .....					
				Registrar	

FORM II

(r. 3)

ENTRY No.

REGISTER OF DEATH OF A CITIZEN OF KENYA OCCURRING ABROAD

1.	FULL NAME OF DECEASED	Baptismal or Given Name(s)	Middle or Tribal Name	<input type="text"/>	Surname or Tribal Name of Father
				Son of Daughter of	
2.	DATE OF DEATH	Date of Month	Month	Year	3. Sex of Deceased
				Male ..... 1 <input type="checkbox"/>	
				Female ..... 2 <input type="checkbox"/>	
4.	AGE OF DECEASED	Years .....	5. Occupation of Deceased		
		Months .....			
		or Days .....			
6.	EXACT PLACE AND COUNTRY OF DEATH				
7.	DECEASED'S NORMAL RESIDENCE IN KENYA				

8. WHERE DEATH CERTIFIED BY MEDICAL PRACTITIONER.	Interval Between Onset and Death
A. Cause of Death	
I. IMMEDIATE CAUSE (A) .....	.....
DUE TO (B) .....	.....
DUE TO (C) .....	.....
II. OTHER SIGNIFICANT CONDITIONS .....	.....
B. Name and address of certifying Doctor	
.....	
.....	

9. WHERE DEATH NOT CERTIFIED BY MEDICAL PRACTITIONER APPARENT CAUSE OF DEATH

.....

.....

10. NAME, DESCRIPTION AND RESIDENCE OF INFORMANT .....

.....

.....

Date .....

Registrar

\_\_\_\_\_

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE—continued

FORM III

CERTIFICATE OF BIRTH OF A CITIZEN OF KENYA OCCURRING ABROAD

No.	/20	Where Born	Name
Date of Birth		Sex	Name and Surname of Father
Name and Maiden Name of Mother			Normal Residence in Kenya of Mother
Signature, Description and Residence of Informant		Signature of Registration Officer	
		Date of Registration	

Certified to be a true copy of an entry in the Register of Births of citizens of Kenyans occurring abroad.

Given under the seal of the Registrar-General on the ..... day of ..... 20 .....

Typed by: ( ..... )

Checked by: ( ..... )

This certificate is issued in pursuance of the Births and Deaths Registration Act which provides that a certified copy of any entry in any register or return purporting to be sealed or stamped with the seal of the Registrar-General shall be received as evidence of the dates and facts therein contained without any or other proof of such entry.

FEE PAID: Ten Shillings.

FIRST SCHEDULE—continued

FORM IV

CERTIFICATE OF DEATH OF A CITIZEN OF KENYA OCCURRING ABROAD

No.	/20	Name and Surname of Deceased	Age
Sex		Normal Residence in Kenya	Occupation
Date of Death			
Exact Place and Country of Death		Cause of Death	
Signature, Description and Residence of Informant		Signature of Registering Officer	
		Date of Registration	

Certified to be a true copy of an entry in the Register of Deaths of citizens of Kenyans occurring abroad.

Given under the seal of the Registrar-General on the ..... day of ..... 20.....

This certificate is issued in pursuance of the Births and Deaths Registration Act which provides that a certified copy of any entry in any register or return purporting to be sealed or stamped with the seal of the Registrar-General shall be received as evidence of the dates and facts therein contained without any or other proof of such entry.

Typed by: (.....)

Checked by: (.....)

FEE PAID: Ten Shillings.

*Births and Deaths Registration*

[Subsidiary]

FIRST SCHEDULE—*continued*

FORM V

(r. 6)

APPLICATION FOR REGISTRATION OF BIRTH OF A CITIZEN OF KENYA  
OCCURRING ABROAD

THE FOLLOWING INFORMATION CONCERNING THE BIRTH MUST BE SUPPLIED

1.	FULL NAME OF CHILD	Baptismal or Given Name(s)	Middle or Tribal Name	<input type="text"/>	Surname or Tribal Name of Father  Son of Daughter of
2.	DATE OF BIRTH	Date of Month	Month	Year	3. Sex of Child Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>
4.	FULL NAME OF FATHER	Baptismal or Given Name(s)	Middle or Tribal Name	<input type="text"/>	Surname or Tribal Name of his Father  Son of
5.	FULL NAME OF MOTHER	Baptismal or Given Name(s)	Middle or Tribal Name	<input type="text"/>	Maiden Surname or Tribal Name of her Father  Daughter of
6.	EXACT PLACE AND COUNTRY OF BIRTH				
7.	NORMAL RESIDENCE IN KENYA OF MOTHER				

8. CERTIFICATES

*A.—Informant*

I certify that I am (State relationship to child or capacity in which information given) .....

and that the above information is correct to the best of my knowledge.

Signature ..... Full Name .....

Address ..... Date .....

*B.—By member of Kenya Mission abroad*

I am satisfied from evidence produced to me and inquiries which I have made that the above information is correct to the best of my knowledge

Signature .....

FIRST SCHEDULE, FORM V—continued

Designation and Address .....  
.....  
.....

Before completing this form please read the notes on the other side.

NOTES TO PERSON COMPLETING FORM

A birth can be registered only if the following conditions are met—

1. Application for Registration of the Birth outside Kenya of a child who is a citizen of Kenya can be made by and person having knowledge of the birth.
2. Documentary evidence should be produced in proof of the birth. A note of the kind of documentary evidence needed is given below.
3. This form should be signed by the applicant and, where there is a Kenya Mission in the country abroad, countersigned by a member of that mission.

DOCUMENTARY EVIDENCE (see 2 above)

The documentary evidence to be produced of the birth may be a certificate of birth issued by the appropriate authority in the country abroad, with an English translation of the certificate if it is not in English; or if certificates are not issued in the country abroad, a certificate of the birth given by the Doctor, Midwife or other person who attended the birth.

Where a person is unable to produce satisfactory documentary evidence the application may still be completed and forwarded to the Registrar who will advise what alternative evidence may be accepted.

When completed this application should be sent to—

THE REGISTRAR-GENERAL  
P.O. BOX 30031,  
NAIROBI,  
KENYA,

FOR OFFICIAL USE

FORM VI

(r. 6)

APPLICATION FOR REGISTRATION OF DEATH OF A CITIZEN OF KENYA  
OCCURRING ABROAD

THE FOLLOWING INFORMATION CONCERNING THE DECEASED MUST BE  
SUPPLIED

1. FULL NAME OF DECEASED	Baptismal or Given Name(s)	Middle or Tribal Name	<input type="checkbox"/>	Surname, or Tribal Name of Father
	Son of Daughter of			
2. DATE OF DEATH	Date of Month	Month	Year	3. Sex of Deceased Male <input type="checkbox"/>

*Births and Deaths Registration*

[Subsidiary]

FIRST SCHEDULE, FORM VI—*continued*

		Female <span style="margin-left: 20px;">2</span> <input type="checkbox"/>
4. AGE OF DECEASED	Years (If under one year state in Months ..... or Days ..... )	5. Occupation of Deceased
6. EXACT PLACE AND COUNTRY OF DEATH		
7. DECEASED'S NORMAL RESIDENCE IN KENYA		
8. IF DEATH CERTIFIED BY MEDICAL PRACTITIONER		Interval between Onset and Death
A. Cause of Death—Enter one cause per line		
I. IMMEDIATE CAUSE (A) .....		.....
DUE TO (B) .....		.....
DUE TO (C) .....		.....
II. OTHER SIGNIFICANT CONDITIONS .....		.....
B. Name and Address of certifying Doctor		
.....		
.....		
.....		
.....		
9. IF DEATH NOT CERTIFIED BY MEDICAL PRACTITIONER STATE APPARENT CAUSE OF DEATH		
.....		
.....		
.....		
.....		
.....		
10. CERTIFICATES		
A.— <i>Informant</i>		
I certify that I am (State relationship to deceased or capacity in which information given) .....		
..... and that the above		
information is correct to the best of my knowledge.		
Signature .....		
Full Name .....		
Address .....		
Date .....		



*Births and Deaths Registration*

[Subsidiary]

FIRST SCHEDULE, FORM VI—*continued*

*B.—By member of Kenya Mission abroad*

I am satisfied from evidence produced to me and inquiries which I have made that the above information is correct to the best of my knowledge.

Signature: .....

Designation and Address .....

Before completing this form please read the notes on the other side.

Before completing this form please read the notes on the other side.

NOTES TO PERSON COMPLETING FORM

A Death can be registered only if the following conditions are met—

1. Application for Registration of a Death of a citizen of Kenya occurring abroad can be made by any person having knowledge of the death.
2. Documentary evidence should be produced in proof of the death. A note of the kind of documentary evidence needed is given below.
3. This form should be signed by the applicant and, where there is a Kenya Mission in the country abroad, countersigned by a member of that mission.

DOCUMENTARY EVIDENCE (see 2 above)

The documentary evidence to be produced in proof of the death may be a certificate of death issued by the appropriate authority in the country abroad, with an English translation of the certificate if it is not in English; or if certificates are not issued in the country abroad, a certificate of the death given by the medical attendant or other person who attended the death.

Where a person is unable to produce satisfactory documentary evidence the application may still be completed and forwarded to the Registrar who will advise what alternative evidence may be accepted.

When completed this application should be sent to—

THE REGISTRAR-GENERAL,  
P.O. BOX 30031,  
NAIROBI,  
KENYA,

*Births and Deaths Registration*

[Subsidiary]

SECOND SCHEDULE

[Rule 7.]

FEES

• FEES

	<i>Sh.</i>	<i>cts.</i>
(a) For a certified copy of any entry in any register of birth or death in the custody of the Registrar-General .....	10	00
(b) For making a correction in any register or index .....	5	00

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**BIRTHS AND DEATHS (LATE REGISTRATION) RULES, 1971**

ARRANGEMENT OF RULES

PART I – PRELIMINARY

*Rule*

1. Citation.
2. Interpretation.

PART II – GENERAL REGISTRATION PROCEDURE

3. Forms of application for late registration.
4. Forms of authority for late registration.

SCHEDULES

FIRST SCHEDULE

SECOND SCHEDULE

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**BIRTHS AND DEATHS (LATE REGISTRATION) RULES, 1971**

[L.N. 154/1971.]

## PART I – PRELIMINARY

**1. Citation**

These Rules may be cited as the Births and Deaths (Late Registration) Rules, 1971.

**2. Interpretation**

In these Rules, except where the context otherwise requires—

“**late birth**” means the birth of a person who is still alive which has occurred in Kenya since 20th April, 1904, the particulars whereof have not been registered in the register of births within six months of the date of such birth;

“**late death**” means the death of a person which has occurred in Kenya since 23rd January, 1906, the particulars whereof have not been registered in the register of deaths within six months of the date of such death;

“**late registration authority**” means the written authority of the Registrar-General issued pursuant to section 8 of the Act, for the registration of a late birth or a late death.

## PART II – GENERAL REGISTRATION PROCEDURE

**3. Forms of application for late registration**

(1) Every application to the Registrar-General for the registration of the late birth of a person belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 1 in the First Schedule to these Rules.

(2) Every application to the Registrar-General for the registration of the late birth of a person not belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 2 in the First Schedule to these Rules.

(3) Every application to the Registrar-General for the registration of the late death of a person belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 3 in the First Schedule to these Rules.

(4) Every application to the Registrar-General for the registration of the late death of a person not belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 4 in the First Schedule to these Rules.

(5) Every application made in pursuance of this rule shall be accompanied by two completed copies of Form 1, 6 or 7 in the Schedule to the Births and Deaths Registration Rules whichever is appropriate.

**4. Forms of authority for late registration**

If the Registrar-General is satisfied regarding all the circumstances of a late birth or a late death, and after receipt of the prescribed fee where applicable, he shall cause to be issued to the Registrar the appropriate late registration authority in Form 5 or 6 in the Second Schedule to these Rules.

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE

[Rule 3.]

FORM 1

APPLICATION FOR REGISTRATION OF A LATE BIRTH

Please complete this form and return it to the Registrar-General, P.O. Box 30031, Nairobi, together with all relevant documents (see Note 2).

In addition, Form 1 in the Schedule to the Births and Deaths Registration Rules must be completed in duplicate and accompany your application.

1. INFORMATION REGARDING CHILD

Full name of child: \_\_\_\_\_

Postal address of child: \_\_\_\_\_ Is the child still alive? \_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Sex of child: \_\_\_\_\_

Full name of father: \_\_\_\_\_

Full name of mother: \_\_\_\_\_

Exact place of child's birth: \_\_\_\_\_

Child's ethnic group or tribe: \_\_\_\_\_

Child's Identity Card No. or, if none Father's Identity Card No: \_\_\_\_\_

2. In support of the application please produce as many of the following documents as may be available—

Municipality notification of birth, Hospital certificate, Doctor's certificate, Midwife's certificate, Baptismal certificate, or School-leaving certificate.

If only the last certificate is available or if no certificates are available the certificate below should be completed by an independent person (i.e. one not directly related to the child) who is over 18 years of age and at least five years older than the child.

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

Signature of applicant \_\_\_\_\_ Full name and postal address of applicant \_\_\_\_\_

.....

Relationship to child: .....

Witness to signature

Full name and postal address of witness: .....

4. CERTIFICATE

I, (full name) .....

(age) ..... of (postal address) .....

hereby certify that I have knowledge of the personal details of the child named in the above application and that I have known him/her for ..... years and that the facts given in the above application are true to the best of my knowledge, information and belief. I can vouch for these facts because (insert full grounds for knowledge) .....

.....

Signature

\_\_\_\_\_

FIRST SCHEDULE—continued

FORM 2

APPLICATION FOR REGISTRATION OF A LATE BIRTH

Please complete this form and return it to the Registrar-General P.O. Box 30031, Nairobi, together with all relevant documents (see Note 2).

In addition, Form 1 in the Schedule to the Births and Deaths Registration Rules must be completed in duplicate and accompany your application.

1. INFORMATION REGARDING CHILD

Full name of child:	
Postal address of child:	Is the child still alive?
Child's date of birth:	Sex of child:
Full name of father:	
Full name of mother:	
Exact place of child's birth:	

2. INFORMATION REGARDING CHILD'S FATHER

Date and Place of Birth:
Date of entry into Kenya (attach passport in use during this period):
State if continuously in Kenya for a period of two years immediately before and two years after child's birth (attach passport in use during this period):
If a permanent resident give reference No. of father's certificate of residence:
Number of personal tax receipt issued to father during the year of child's birth (attach copy):

3. INFORMATION REGARDING CHILD'S MOTHER

Date and Place of Birth:
Date of entry into Kenya (attach passport in use during this period):
State if continuously in Kenya for a period of two years immediately before and two years after child's birth (attach passport in use during this period):

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM 2—continued

If a permanent resident give reference No. of mother's certificate of residence: .....

Date of marriage of child's mother to father (attach certificate): .....

- 4. In support of the application please produce as many of the following documents as may be available— Municipality notification of birth, Hospital certificate, Midwife's certificate, Baptismal certificate, Horoscope, Community certificate, School certificate or other real evidence of the date and place of birth.

Affidavits are not sufficient

It should be particularly noted that affidavits are NOT required and will not be accepted.

- 5. State why birth was not registered at the time .....

- 6. Dated this ..... day of ....., 20 .....

Signature of applicant

Full name and postal address of applicant

.....

- 7. Sworn at ..... this ..... day of ....., 20 .....

Before me ..... (Registrar or Magistrate)

Signature

\_\_\_\_\_



FORM 3

APPLICATION FOR REGISTRATION OF A LATE DEATH

Please complete this form and return it to the Registrar-General, P.O. Box 30031, Nairobi, together with all relevant documents (see Note 2).

In addition, Form 6 or 7 in the Schedule to the Births and Deaths Registration Rules (as the case may be) must be completed in duplicate and accompany your application.

1. INFORMATION REGARDING DECEASED

Full name of deceased:	
Date of death:	Sex of deceased:
Age:	Occupation of deceased:
Exact place of death:	
Ethnic group or tribe:	

2. In support of the application please produce any one of the following—  
Medical certificate of cause of death, a letter from the certifying medical practitioner or a certificate issued under a Council Death Registration Scheme.

If no certificates are available the certificate below should be completed by the Chief in whose area the death took place.

3. Dated this ..... day of ....., 20 .....  
Signature of applicant                      Full name and postal address of applicant

.....  
Relationship to deceased .....

.....  
Witness to Signature  
Full name and postal address of witness .....

4. CERTIFICATE

I, (full name) .....  
Chief of .....  
hereby certify that (insert full names of deceased) .....

.....  
died in my area and further that the facts stated above are true to the best of my knowledge, information, and belief. I can vouch for these facts because (insert full grounds for knowledge) .....

.....  
Signature

*Births and Deaths Registration*

[Subsidiary]

**FORM 4**

**APPLICATION FOR REGISTRATION OF A LATE DEATH**

Please complete this form and return it to the Registrar-General, P.O. Box 30031, Nairobi, together with all relevant documents (see Note 2).

In addition, Form 6 or 7 in the Schedule to the Births and Deaths Registration Rules (as the case may be) must be completed in duplicate and accompany your application.

**1. INFORMATION REGARDING DECEASED**

Full name of deceased:	
Date of death:	Sex of deceased:
Age:	Occupation of deceased:
Exact place of death:	

2. In support of the application please produce any one of the following documents—

Medical certificate of cause of death, a letter from the certifying medical practitioner, or any other real evidence of the date and place of death.

*Affidavits are not sufficient*

It should be particularly noted that affidavits are NOT required and will not be accepted.

3. State why death was not registered at the time .....

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

Signature of applicant

Full name and postal address of applicant

Relationship to deceased .....

5. Sworn at ..... this ..... day of ....., 20  
Before me .....

Registrar or Magistrate

Signature

*Births and Deaths Registration*

[Subsidiary]

SECOND SCHEDULE

[Rule 4.]

FORM 5

Authority No. .... CA/PA

Department of the Registrar-General  
P.O. Box 30031  
Nairobi

....., 20.....

The Registrar of Births,

.....

LATE REGISTRATION AUTHORITY—BIRTHS

Pursuant to section 8 of the Births and Deaths Registration Act, authority is hereby given for the late registration of the undermentioned child/children of .....

The prescribed fee of Sh. .... for each child has been collected and my receipt No. .... dated ..... has been issued.

Name of Child	Place of Birth	Date of Birth
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

The evidence produced to me in support of the above information was—

.....  
.....

.....  
Registrar-General of Births and  
Deaths

\_\_\_\_\_

*Births and Deaths Registration*

[Subsidiary]

FORM 6

Authority No. .... CA/PA

Department of the Registrar-General  
P.O. Box 30031  
Nairobi

....., 20 .....

The Registrar of Deaths,  
.....

LATE REGISTRATION AUTHORITY—DEATH

Pursuant to section 8 of the Births and Deaths Registration Act, authority is hereby given for the late registration of the undermentioned death.

The prescribed fee of Sh. .... has been collected and my receipt No. .... dated ..... has been issued.

Name of Deceased	Place of Death	Date of Death
.....	.....	.....

The evidence produced to me in support of the above information was—

.....  
Registrar-General of Births and Deaths

\_\_\_\_\_

