

LEGAL NOTICE NO. 270

(RG/21)

THE BIRTHS AND DEATHS REGISTRATION ACT

(Cap. 149)

IN EXERCISE of the powers conferred by section 29 of the Births and Deaths Registration Act, the President hereby makes the following Rules:—

THE BIRTHS AND DEATHS REGISTRATION  
RULES 1966

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 registrar 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.

9. The register of birth to be kept by a Registrar 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 hereto, 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 applies, he shall cause such inquiry to be made as to cause of death as he may think 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.

Cap. 75.

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 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. Cap. 75.

## PART V—FEES

23. The following fees shall be chargeable—

	<i>Sh. cts.</i>
(a) for the registration of a birth more than six months after the date of birth where registration was compulsory .. .. .	30 00
Provided that the Registrar-General may remit, either wholly or in part, the foregoing fee on the ground of poverty or hardship, and may also for like reason refund the fee, either wholly or in part;	
(b) for the registration of the name or alteration in the name of any child whose birth has previously been registered .. .. .	5 00
(c) for the registration of a death, more than six months after the date of death, where registration was compulsory .. .. .	30 00
(d) for the inspection of any register, return or index in the custody of the Registrar or the Registrar-General .. .. .	2 00
(e) for a certified copy of any entry in any register or return in the custody of the Registrar or the Registrar-General .. .. .	10 00
(f) for a birth certificate in the short form prescribed by rule 11 of these Rules .. .. .	2 00
(g) for making a correction in any entry in a register or index .. .. .	5 00

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.

## PART VI—REVOCATION

25. The Births and Deaths Registration Rules are revoked.

Cap. 149,  
Sub. Leg.

## 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		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		Surname or tribal name of Father
5. FULL NAME OF MOTHER	Baptismal or given name(s)	Middle or tribal name		Maiden surname or tribal name of her Father
6. EXACT PLACE OF BIRTH	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 MOTHER	If mother not normally resident at above place state district in which she lives			

BINDING MARGIN

IMPORTANT—Use typewriter or ballpoint or other pen with black or dark blue ink. This is a permanent legal record. Be sure the carbon copy is legible.

## 8. CERTIFICATE TO BE COMPLETED BY INFORMANT

I hereby certify that I attended the above birth or have knowledge of the fact that the above child was born (alive) 1  (dead) 2  on the date and at the place specified and that I am the

Check capacity in which information given.

1  Mother of the child      2  Father of the child      3  Midwife who attended birth      4  Medical Attendant      5  or (specify)

Signature..... Date Record Signed.....  
(If informant is illiterate he should add his mark and a witness to such mark should sign here)

9. SIGNATURE OF REGISTRAR:

Date Record Received:

## CONFIDENTIAL MEDICAL DATA

(This section must be completed as fully as possible)

10. AGE OF MOTHER AT BIRTH OF CHILD:	Years
11. Is MOTHER MARRIED TO FATHER? (By Ceremony, Custom, etc.):	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>
12. PREVIOUS BIRTHS TO MOTHER:	Number Born Alive ..... Number Born Dead .....
13. IF A PLURAL BIRTH, STATE WHETHER TWIN OR TRIPLET	.....
AND ORDER OF BIRTH (I.E. 1ST OR 2ND)	.....

NOTE—A separate record is required for each child.



SCHEDULE—(Contd.)

FORM No. 3

Return of Birth 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	Date of registration

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 ..... 19 ..... Registrar of Births, ..... District.

**SCHEDULE—(Contd.)**

FORM No. 4

**CERTIFICATE OF BIRTH**

Birth in the . . . . .		District in the . . . . .			Province	
No.	/19	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						

Certified to be a true copy of a return/an entry in the Register of Births in the District above mentioned.

Given under the seal of the Registrar-General on the . . . . . day of . . . . . 196.....

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.

## SCHEDULE—(Contd.)

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..... 19.....

SCHEDULE—(Contd.)

FORM No. 6

REGISTER OF DEATH

(For use by Medical Practitioners and in Hospitals)

District:		Registrar's Serial No.:		
1. Full Name of Deceased	Baptismal or given Name(s)	Middle or Tribal Name	 Son or daughter of	Surname or Tribal Name of Father
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	(If under one year state in months ..... or 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.			
8. TO BE COMPLETED 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. Certificate I certify that— (a) I attended the deceased, or (b) I examined the body after death, or (c) I conducted a post mortem examination of the body and that the above information is correct to the best of my knowledge.				
Signature.....				Title.....
Date.....				
NAME IN BLOCK LETTERS.....				

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

## SCHEDULE—(Contd.)

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(a)	Middle or Tribal Name		Surname or Tribal Name of Father
			Son or daughter of	
2. Date of Death	Date of Month:	Month:	Year:	3. Sex of Deceased
				Tick appropriate sex
				Male .. .. . 1 <input type="checkbox"/>
				Female .. .. . 2 <input type="checkbox"/>
4. Age of Deceased	..... years. If under one year state .....			5. Occupation of Deceased
	months.			
If under one month state .....				
				.....days.
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.			

## 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:

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

I am satisfied after inquiry that the above-mentioned death is not one to which sections 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.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accident                  | <input type="checkbox"/> Killed by another person | <input type="checkbox"/> Cause unknown |
| <input type="checkbox"/> Attack by animal or snake | <input type="checkbox"/> Suicide                  |  |

## B. 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 .....

(If illiterate, witness to mark of informant to sign)

Date .....

9. Signature of Local Registrar .....

Date record received .....

SCHEDULE—(Contd.)

REGISTER FOR THE REGISTRATION OF DEATHS

FORM No. 8

19..... Deaths in the District of..... in the Province of.....

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

SCHEDULE—(Contd.)

FORM No. 9

470

FORTNIGHTLY RETURN OF DEATHS IN A DISTRICT

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

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

Kenya Subsidiary Legislation, 1966

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 ..... 19....., in the Death Register of this District.

Witness my hand this ..... day of ..... 19..... Registrar of Deaths ..... District.

SCHEDULE—(Contd.)

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 .....

*Approximate interval  
 between onset and  
 death*

Cause of death:—

1. (a) .....  
     due to or in consequence of
- (b) .....  
     due to or in consequence of
- (c) .....
2. ....

Cause of Death  $\frac{*Confirmed}{Not\ confirmed}$  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..... 19.....

SCHEDULE—(Contd.)

FORM No. 10—(Contd.)

CAUSE OF DEATH

*Approximate interval between onset and death*

<p>I Disease or condition directly leading to death† antecedent causes, morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.</p>	}	<p>I (a) ..... due to or in consequence of (b) ..... due to or in consequence of (c) .....</p>	<p>..... ..... .....</p>
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<p>II Other significant conditions contributing to the death, but not related to the disease or condition causing it.</p>	}	<p>II ..... .....</p>	<p>..... .....</p>
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has  
Cause of death\* \_\_\_\_\_ been confirmed by post mortem.  
has not

Deceased was last seen alive by me on the ..... day of .....  
19.....

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.

## SCHEDULE—(Contd.)

FORM NO. 10—(Contd.)

## 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. 11

## MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

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

Reported name of deceased .....

Reported address .....

Name of informant .....

Age <sup>reported</sup> ..... Sex .....

<sub>assessed</sub> .....

Nationality .....

Religion .....

Time and date of death .....

Apparent cause of death .....

Contributory causes .....

.....  
*Medical Practitioner.*

## SCHEDULE—(Contd.)

FORM NO. 11—(Contd.)

## 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—<sup>reported</sup>/<sub>assessed</sub> .....

Sex ..... Nationality .....

Religion ..... Found dead at .....

at ..... o'clock—<sup>a.m.</sup>/<sub>p.m.</sub> on the ..... day of

..... 19....

(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.

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

## SCHEDULE—(Contd.)

FORM No. 11—(Contd.)

## 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 ..... 19....

.....  
*Registered/Licensed Medical Practitioner.*

## SCHEDULE—(Contd.)

FORM NO. 13

## DEATH REPORT

*Part A—Report by Member of the Public*

Town ..... Date ..... 19....

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.

SCHEDULE—(Contd.)

*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.*

Made this 1st day of September 1966.

JOMO KENYATTA,  
*President.*

LEGAL NOTICE No. 271

THE WATER ACT

(Cap. 372)

IN EXERCISE of the powers conferred by section 143 of the Water Act, the Director of Water Development (a duly appointed Water Undertaker), with the approval of the Minister for Natural Resources, hereby makes the following Regulations:—

THE WATER (WATER DEVELOPMENT DEPARTMENT)  
(GENERAL) (AMENDMENT) REGULATIONS 1966

1. These Regulations may be cited as the Water (Water Development Department) (General) (Amendment) Regulations 1966.

2. The Water (Ministry of Works) (General) Regulations 1962, are amended by substituting for regulation 12 thereof, the following regulation—

L.N. 74/1962.

12. A deposit not exceeding Sh. 60 shall be required from every consumer on connection or reconnection, which deposit shall be retained by the Water Undertaker for the period during which the consumer is supplied with Water, as a security for the payment by him of charges relating to such supply.

Made this 3rd day of September 1966.

R. BARRETT,  
*Director of Water Development.*

Approved this 7th day of September 1966.

C. M. G. ARGWINGS-KODHEK,  
*Minister for Natural Resources.*