



REPUBLIC OF KENYA

THE KENYA CITIZENSHIP AND IMMIGRATION ACT 2011

APPLICATION FOR REGISTRATION AS A CITIZEN OF KENYA FOR A PERSON WITH DISABILITY

(Under Section 13(4))

Complete either (a) or (b)

(a) Biological Parent

Full name and address of applicant in capital letters

Iofbeing a citizen of Kenya by registration/naturalization (attach proof) and a biological parent ofto whom the following particulars relate hereby apply on behalf of the person with disability whose particulars appear herein below for *his/her registration as a citizen of Kenya.

(b) Legal guardian

Full name in capitals address in capital capitals

Iofbeing a Kenya citizen and the appointed legal guardian (attach proof) ofto whom the following particulars relate, *who has no living parent/whose parent or parents are living and resident in I am duly authorized by the court or by the person with disability's parent(s) whose consent is attached, and I hereby apply on behalf offor *his /her registration as a citizen of Kenya.

Dated thisday of20.....

.....

Signature

*Delete as applicable

PARTICULARS OF PERSON WITH DISABILITY

- 1. Full name
- 2. Place and date of birth
- 3. Present address
- 4. Nationality at birth
- 5. Present nationality if different
- 6. If of no nationality, give circumstances in which the nationality was lost
- 7. Nature and particulars of disability

DECLARATION BY PARENT OR LEGAL GUARDIAN

Ido solemnly and sincerely declare that the child/person mentioned hereinabove is my dependant and that the information given in this application is true and within my knowledge.

.....
Signature

Declared atthisday of20

.....

*(Magistrate/Commissioner for oaths)

**Delete as applicable*

FOR OFFICIAL USE ONLY

Documents produced:-

Passport No.....

Birth Certificate No.....

Parent's/legal guardian ID card No.

Parent's/legal guardian passport No.....

Parent's/legal guardian Citizenship Certificate No.

Proof of legal guardianship.....

Certificate of disability.....

Medical certificate on disability.....

Proof of lawful residence.....

Parent(s) consent

Receiving officer.....Date.....Signature.....