

THE BIRTHS AND DEATHS REGISTRATION ACT
(Cap. 149)

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 19.....

.....
Signature of applicant

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

Relationship to deceased

.....
Witness to Signature

Full name and postal address of Witness

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4. CERTIFICATE

I , (full name)

Chief of

hereby certify that (insert full names of deceased)

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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).

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Signature