FORM B3

REPUBLIC OF KENYA

DEPARTMENT OF THE REGISTRAR-GENERAL

# APPLICATION FOR LATE REGISTRATION OF A BIRTH

*Please complete this and return it, together with the correct fee to the District Registrar in your district.*

## A. INFORMATION REGARDING THE CHILD

1. NAME..... (First name / Tribal (*middle*) name / Father's name (*surname*))
2. DATE OF BIRTH..... (Day / Month / Year) 3. SEX: Male/Female*
3. PLACE OF BIRTH..... (Kijiji and sub-location or street and town / District)
4. NAME OF FATHER..... (First name / Tribal (*middle*) name / Father's name (*surname*))
5. NAME OF MOTHER..... (First name / Tribal (*middle*) name / Father's or husband's* name (*surname*))
6. YEAR OF BIRTH OF MOTHER.....

## B. APPLICANT

1. NAME..... (First name / Tribal (*middle*) name / Father's or husband's * name (*surname*))
2. ADDRESS.....
3. RELATIONSHIP TO CHILD..... 4. DATE ..... 5. ..... Signature.

## C. CERTIFICATE

(To be signed by Assistant Chief of sub-location and countersigned by Chief of location* *)

I, Registration Assistant for..... (Name of sub-location), hereby certify that I have knowledge of the personal details of the child named in the above application and that, to the best of my knowledge, the facts given are true.

..... Date ..... Signed by R.A. ..... Countersigned by S.R.A.

## D. FOR USE OF DISTRICT REGISTRAR

Fee of KSh.....paid. Refer to Cash Receipt No. .....

Date..... Signature.....

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