

REPUBLIC OF KENYA

DEPARTMENT OF THE REGISTRAR-GENERAL

APPLICATION FOR LATE REGISTRATION OF DEATH

Occurred on or after 1-1-1982

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

A: INFORMATION REGARDING THE DECEASED

1. NAME.....

First Name

Tribal (Middle Name)

Father's Name (Surname)

2. SEX: Male/Female 3. AGE AT DEATH..... 4. DATE OF DEATH.....

Yrs./Months/Days

Day Month Year

5. PLACE OF DEATH.....

Kijiji and sub location or street and town

District

6. PLACE OF BURIAL...../.....

Kijiji and sub-location or street and town

District

B. APPLICANT

1. NAME:.....

First name

Tribal (Middle) name

Fathers or husbands name (surname)

2. ADDRESS.....

3. RELATIONSHIP TO DECEASED.....4.DATE..... 5.....

C. CERTIFICATE

(To be signed by Assistant Chief of sub-location and co intersigned by Chief of location)

I, Registration Assistant for hereby certify that (insert full name of the deceased) Died /was buried in my area and that to the best of my knowledge, the facts given are true.

.....

Date _____

.....

Signed by RA

.....

Countersigned by SRA

D. FOR USE OF DISTRICT REGISTRAR

Fee of Ksh..... Paid

Refer to Cash Receipt No.....

Date.....

Signature.....

Delete inapplicable
GPK 5290-50cm B/2007