Form B3

REPUBLIC OF KENYA

DEPARTMENT OF THE REGISTRAR-GENERAL.

APPLICATION FOR LATE REGISTRATION OF A BIRTH

Please complete this form 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 …… 3. SEX : Male/Female*
Day Month Year

4. PLACE OF BI RTH ……,……..…….
Kijiji and sub-location or street and town District

5. NAME OF FATHER ……..……..
First name Tribal (*middle*) name Father's name (*surname*)

6. NAME OF MOTHER ……...
First name Tribal (*middle*) name Father's or husband's* name (*surname*)

7. YEAR OF BIRTH of MOTHER …….. …….. ……

B. APPLICANT

1. NAME……
First Name Tribal (*middle*) name Father's or husband's* name (*surname*)

2. ADDRESS ..... …….

3. RELATIONSHIIP 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: ……. .hereby certify that I have knowledge of the
Name of sub-location

personal detail.- of the child named in the above application 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 in inapplicable.

**If certificate from Assistant Chief is not obtainable, a baptismal certificate or clinical card or doctor's / midwife's certificate should be produced.

GPK