


APPLICATION FOR REGISTRATION OF DEATH OF A CITIZEN OF KENYA OCCURRING ABROAD

THE FOLLOWING INFORMATION CONCERNING THE DECEASED MUST BE SUPPLIED

1. Full Name of Deceased	Baptismal or Given Name(s)	Middle or Tribal Name	 Surname, or Tribal Name Son of _____ of Father Daughter of _____	
2. Date of Death	Date of Month	Month	Year	3. Sex of Deceased Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/>
4. Age of Deceased	Years (If under one year state in Months or Days).....)			5. Occupation of Deceased
6. Exact Place and Country of Death				
7. Deceased's Normal Residence in Kenya				

8. If Death certified by Medical Practitioner

A. Cause of Death-Enter one cause per line

1. Immediate cause (a).....

Due to (b)

Due to (c)

II. Other significant conditions.

B. Name and Address of certifying Doctor

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Interval between onset and death.

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9. If death not certified by Medical Practitioner state apparent cause of death

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10. CERTIFICATES

(a) Informant.

I certify that I am (State relationship to deceased or capacity in which information given).....

.....

and that the above information is correct to the best of my knowledge.

Signature Full Name

Address Date

(b) By member of Kenya Mission abroad.

I am satisfied from evidence produced to me and inquiries which I have made that the above information is correct 'to the best of my knowledge.

Signature.....

Designation and Address.....

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(Before completing this form please read the notes overleaf)

Where a person is unable to produce satisfactory documentary evidence the application may still be completed and forwarded to the Principal Civil Registrar who will advise what alternative evidence may be accepted.

When completed this application should be sent to-

THE PRINCIPAL CIVIL REGISTRAR,
P.O. Box 49 1 79-00 1 00,
NAIROBI, KENYA.

GPK (L) 016-5m-1/2005