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BIRTH AND DEATHS REGISTRATION ACT, CAP 149

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CHAPTER 149

BIRTHS AND DEATHS REGISTRATION ACT

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CHAPTER 149

BIRTHS AND DEATHS REGISTRATION ACT

[Date of commencement: 9th June, 1928.]

An Act of Parliament to provide for the notification and registration of births and deaths and other matters incidental thereto

[Cap. 143 of 1948, Act No. 25 of 1950, Act No. 15 of 1961, Act No. 28 of 1961, Act No. 36 of 1962, Act No. 21 of 1966, L.N. 299/1956, L.N. 300/1956, L.N. 172/1960, L.N. 173/1960, L.N. 462/1963, L.N. 168/1964, Act No. 29 of 1967, Act No. 26 of 1968, Act No. 14 of 1971, Act No. 7 of 1990.]

1. Short title

This Act may be cited as the Births and Deaths Registration Act.

2. Interpretation

In this Act, except where the context otherwise requires—

“**birth**” means the issuing forth of any child from its mother after the expiration of the twenty-eighth week of pregnancy, whether alive or dead;

“**medical officer of health**” means a medical officer of health appointed under the Public Health Act (Cap. 242), or any other Act, to carry out the duties of medical officer of health in any area;

“**police officer**” means a police officer in charge of a police station being of or above the rank of Inspector;

“**prescribed particulars**” means—

- (a) as to any birth, the name, sex, date and place of birth, and the names, residence, occupations and nationality of the parents;
- (b) as to any death, the name, age, sex, residence, occupation and nationality of the deceased, and the date, place and cause of death;
- (c) such other particulars as may be prescribed;

“**Principal Registrar**” means the Principal Registrar of Births and Deaths, appointed under section 3 of this Act;

“**registrar**” means a registrar appointed to register births and deaths in any area or to register births and deaths occurring outside Kenya, and includes a deputy registrar;

“**Registrar-General**” *deleted by Act No. 7 of 1990, Sch.*

“**the rules**” means rules made under section 29 of this Act;

“**the statistician**” *deleted by Act No. 15 of 1961.*

[Act No. 25 of 1950, s. No. 15 of 1961, Sch., Act No. 28 of 1961, Sch., Act No. 36 of 1962, Sch., Act No. 26 of 1968, s. 2, Act No. 7 of 1990, Sch.]

ADMINISTRATION

3. Principal Registrar

(1) There shall be a Principal Registrar of Births and Deaths.

[Act No. 7 of 1990, Sch.]

4. Deleted by Act No. 7 of 1990, Sch.

5. Appointment of registration areas and registrars

(1) The Minister may, by notice in the *Gazette*, appoint any area to be a registration area for the purposes of this Act.

(2) The Minister may appoint fit and proper persons to be the registrars and deputy registrars for each registration area and a fit and proper person to be the registrar of births and deaths occurring outside Kenya.

6. Register books to be supplied to registrars

(1) The Principal Registrar shall provide each registrar with such register books and forms as may be required, and with such instructions as he may consider necessary, for the registration of births and deaths in his registration area.

(2) Every registrar shall keep safely each of the said register books until it is filled, and shall then deliver it to the Principal Registrar to be kept by him with the records of his office.

[L.N. 462/1963, Act No. 21 of 1966, First Sch., Act No. 28 of 1968, s. 3, Act No. 7 of 1990, Sch.]

REGISTRATION

7. Register of births and deaths

(1) It shall be the duty of every registrar to keep a register of births and a register of deaths and to enter therein, respectively, the prescribed particulars of every birth and death notified to him.

(2) The registrar appointed to register births and deaths occurring outside Kenya shall keep a register of births occurring outside Kenya and a register of deaths occurring outside Kenya.

8. Period for registration

A registrar shall not register a birth or death after the expiration of six months from the date of such birth or death, except upon receiving the written authority of the Principal Registrar issued in accordance with the rules, and upon payment of the prescribed fee.

[Act No. 15 of 1961, Sch., Act No. 26 of 1968, s. 4, Act No. 14 of 1971, Sch,
Act No. 7 of 1990, Sch.]

9. Compulsory registration of births

(1) Deleted by Act No. 7 of 1990, Sch.

(2) The Minister may, by notice in the *Gazette*, declare that from a date to be named in the notice the registration of births of all persons in Kenya of any particular race, class, tribe or group, or of all or some of the inhabitants of any particular town, district or area, shall be compulsory.

[L.N. 299/1956, L.N. 172/1960, Act No. 7 of 1990, Sch.]

10. Mode of registration of births

Every person notifying the birth of a child shall, to the best of his knowledge and ability, give the prescribed particulars, which shall be entered forthwith by the

registrar in the register, and the person notifying the birth shall certify to the correctness of the entry by signing or, if he is illiterate, by fixing his mark to the register.

10A. Mode of registration of births occurring abroad

(1) A person notifying the birth outside Kenya of a child who is a citizen of Kenya shall produce to the registrar the following evidence of the birth—

- (a) firstly, either—
 - (i) a certificate of birth issued by the appropriate authority in the country abroad, with an English translation of the certificate if it is not in English;
 - (ii) if certificates of birth are not issued in the country abroad, a certificate of the birth given by the doctor, midwife or other person who attended the birth; and
- (b) secondly, either—
 - (i) if there is a Kenya Mission in the country abroad, a certificate of a member of the Mission that he is satisfied, from evidence produced to him and inquiries which he has made, that the particulars of the birth given in the birth certificate are correct; or
 - (ii) if there is no Kenya Mission in the country, such other evidence as the registrar may require,

and the person notifying the birth shall certify in writing to the registrar the correctness and authenticity of the evidence which he produces.

(2) Upon receiving the evidence required by subsection (1) of this section to be produced, the Registrar shall forthwith enter the prescribed particulars of the birth in the register of births occurring outside Kenya.

[Act No. 26 of 1968, s. 5.]

11. Duty to notify births where registration compulsory

Upon the birth of any child the registration of whose birth is compulsory, it shall be the duty of the father and mother of the child, and, in default of the father and mother, of the occupier of the house in which to his knowledge the child is born, and of every person present at the birth, and of the person having charge of the child, to give notice of the birth, within such time as may be from time to time prescribed, to the registrar of the registration area in which the birth occurs:

Provided that, in the case of births in prisons, hospitals, orphanages, barracks or quarantine stations, the duty to give such notice shall lie on the officer in charge of the establishment in which the birth took place.

12. Entry of father in register

No person shall be entered in the register as the father of any child except either at the joint request of the father and mother or upon the production to the registrar of such evidence as he may require that the father and mother were married according to law or, in accordance with some recognized custom.

[Act No. 7 of 1990, Sch.]

13. Duty to notify finding of exposed new-born child

Where any living new-born child is found exposed, it shall be the duty of any person finding such child, and of any person in whose charge such child may be placed, to give to the registrar of the registration area in which such child is found, within seven days of the finding of such child, such information of the particulars required to be registered concerning the birth of such child as the informant may possess.

14. Change of name of child after registration

Where the birth of any child has been registered before it has received a name, or where the name by which it was registered is altered, the parent or guardian of such child may within two years of the registration, on payment of the prescribed fee, and on providing such evidence as the registrar may think necessary, register the name that has been given to the child.

15. Compulsory registration of deaths

(1) *Deleted by Act No. 7 of 1990, Sch.*

(2) The Minister may, by notice in the *Gazette*, declare that from a date to be named in the notice the registration of deaths of all persons in Kenya of any particular race, class, tribe or group, or of all or some of the inhabitants of any particular district or area, shall be compulsory.

[Act No. 7 of 1990, Sch.]

16. Mode of registration of deaths

Every person notifying a death shall, to the best of his knowledge and ability, give the prescribed particulars, which shall be entered forthwith by the registrar in the register, and the person notifying the death shall certify to the correctness of the entry by signing or, if he is illiterate, by fixing his mark to the register.

16A. Mode of registration of deaths occurring abroad

(1) A person notifying the death of a citizen of Kenya outside Kenya shall produce to the registrar the following evidence of the death—

- (a) firstly, either—
 - (i) a certificate of death issued by the appropriate authority in the country abroad, with an English translation of the certificate if it is not in English; or
 - (ii) if certificates of death are not issued in the country abroad, a certificate of the death given by the medical attendant or other person who attended the death; and
- (b) secondly, either—
 - (i) if there is a Kenya Mission in the country abroad, a certificate of a member of the Mission that he is satisfied, from evidence produced to him and inquiries which he has made, that the particulars of the death given in the death certificate are correct; or
 - (ii) if there is no Kenya Mission in the country, such other evidence as the registrar may require,

and the person notifying the death shall certify in writing to the registrar the correctness and authenticity of the evidence which he produces.

(2) Upon receiving the evidence required by subsection (1) of this section to be produced, the registrar shall forthwith enter the prescribed particulars of the death in the register of deaths occurring outside Kenya.

[Act No. 26 of 1968, s. 6.]

17. Duty to notify deaths where registration compulsory

Upon the death of any person the registration of whose death is compulsory, it shall be the duty of the nearest relatives of the deceased present at the death or in attendance during the last illness of the deceased, and, in default of such relatives, of every other relative of the deceased dwelling or being in the same registration area as the deceased, and, in default of such other relatives, of each person present at the death and of the occupier of the house in which to his knowledge the death took place, and, in default of the persons hereinbefore in this section mentioned, of each inmate of such house, or of any person finding or taking charge of the body of such person or causing the body of such person to be buried or otherwise disposed of, to give notice within such time as may be prescribed to the registrar of the registration area in which the death took place.

18. Certificates of cause of death

(1) In the case of the death occurring in Kenya of any person who has been attended during his last illness by a medical practitioner, that practitioner shall sign a certificate stating to the best of his knowledge and belief the cause of death.

(2) Every such certificate of cause of death shall be forwarded forthwith by the medical practitioner by whom it is signed to the registrar, and the medical practitioner, on signing a certificate as aforesaid, shall give in the prescribed form to some person required by this Act to give information concerning the death notice in writing of the signing of the certificate.

(3) Where an inquest is held on the body of any deceased person, a medical certificate of the cause of death need not be forwarded to the registrar, but the magistrate holding the inquest shall send to the registrar a copy of his finding, which shall be sufficient.

(4) Every medical practitioner who refuses or fails without reasonable excuse to comply with any of the provisions of this section shall be guilty of an offence and liable to a fine not exceeding two hundred shillings.

[Act No. 26 of 1968, s. 7.]

19. Registrars to issues burial permits

(1) A registrar shall, upon production to him at the time of registering a death occurring in Kenya, of—

- (a) a medical certificate in the prescribed form as to the cause of death; or
- (b) a notice in writing in the prescribed form signed by a medical practitioner stating that a medical certificate as aforesaid has been signed by him; or

- (c) a death report in the prescribed form upon which a magistrate or police officer has certified that the death is not one to which section 386 or section 387 of the Criminal Procedure Code (Cap. 75) applies,

issue a written permit authorizing the interment or other disposal of the body of the deceased person.

(2) Where a person registering a death does not produce to the registrar any of the instruments mentioned in sub-section (1) of this section, the registrar shall forthwith fill up, so far as the particulars thereby required are ascertainable by him, the form of death report referred to in paragraph (c) of that subsection and forward the same to the nearest magistrate or police officer, who shall, if after making the inquiries required by section 20(1) of this Act he is satisfied that the case is not one to which section 386 or section 387 of the Criminal Procedure Code applies, make in the prescribed form the report required by section 20(2) of this Act.

[Act No. 25 of 1950, s. 3, Act No. 26 of 1968, s. 7.]

20. Inquiries as to cause of death

(1) On the receipt of a notice from a registrar under section 19 (2) of this Act, the Magistrate or police officer, or any person specially empowered by the Minister in that behalf, shall cause such inquiries to be made as to the cause of the death as he may think fit or as may be prescribed.

(2) If the case does not appear from such inquiries to be one to which section 386 or section 387 of the Criminal Procedure Code (Cap. 75) applies, the magistrate or police officer or other person as aforesaid shall report accordingly to the registrar, who shall issue a permit for the interment or other disposal of the body.

[Act No. 25 of 1950, s. 4, Act No. 28 of 1961, Sch.]

21. No burial without permit

No person shall bury, cremate or otherwise dispose of the body of any deceased person the registration of whose death is compulsory, without a permit issued in accordance with sections 19 and 20 of this Act.

22. Penalties

Any person who fails to give notice of a birth or death the registration of which is compulsory, or who refuses to furnish any of the prescribed particulars, or who contravenes section 21 of this Act, and any person who wilfully gives any false information or particulars for the purpose of registration, shall be guilty of an offence and be liable to a fine not exceeding five hundred shillings or to imprisonment for a term not exceeding six months, or to both such fine and such imprisonment.

MISCELLANEOUS PROVISIONS

23. Registrars to forward annual returns to Principal Registrar

It shall be the duty of every registrar, on or before such date as the Principal Registrar may appoint, to forward to the Principal Registrar a return in the prescribed form showing the births and deaths registered in his registration area during the preceding year.

[Act No. 15 of 1961, Sch., Act No. 7 of 1990, Sch.]

24. Weekly statements to medical officer of health and Principal Registrar

It shall be the duty of every registrar, at the close of each week, to forward to the medical officer of health in whose area his registration area is situate, and to the Principal Registrar, a statement of the births and deaths registered by him during such week.

[Act No. 15 of 1961, Sch., Act No. 7 of 1990, Sch.]

25. Preparation of indexes

The Principal Registrar shall cause to be prepared from the returns made to him alphabetical indexes of the births and deaths registered.

[Act No. 15 of 1961, Sch., Act No. 7 of 1990, Sch.]

26. Inspection of registers and provision of copies and certificates

(1) Any register, return or index in the custody of the Principal Registrar shall, subject to the rules, be open to inspection on payment of the prescribed fee.

(2) The Principal Registrar shall, on payment of the prescribed fee, furnish a certified copy of any entry in any register or in any return in his custody.

(3) The Principal Registrar shall, on payment of the prescribed fee, furnish a certificate in the prescribed form of the birth of any person compiled in the prescribed manner from the records and registers in his custody.

(4) A certified copy of any entry in any register or return purporting to be sealed or stamped with the seal of the Principal Registrar shall be received as evidence of the dates and facts therein contained without any or other proof of such entry.

[Act No. 15 of 1961, Sch., Act No. 7 of 1990, Sch.]

27. Principal Registrar to compile annual summary and report

It shall be the duty of the Principal Registrar to compile, after the close of each year, a summary of the births and deaths of such year, and a report on the increase or decrease of the population of Kenya and on any special causes appearing to affect the same.

[Act No. 7 of 1990, Sch.]

28. Correction of errors in registers

(1) The Principal Registrar may, subject to the rules, and on payment of the prescribed fee (which he may in his discretion in any particular case remit), correct any error or omission in any register or index.

(2) Corrections shall be made without erasing the original entry, and shall be authenticated by the signature of the Principal Registrar.

[Act No. 15 of 1961, Sch., Act No. 28 of 1968, s. 8, Act No. 7 of 1990, Sch.]

29. Rules

The Minister may make rules with regard to all or any of the following matters—

- (a) the time within which births and deaths may be notified and registered;

- (b) the place in each registration area and the hours at which births and deaths may be notified and registered;
- (c) the conditions under which and the mode in which registration may be effected without personal attendance;
- (ca) the registration of births and deaths of citizens of Kenya occurring outside Kenya;
- (d) the forms of all registers, returns and other documents required for the purposes of this Act;
- (e) the inspection of registers, returns and indexes and the provision of certified copies;
- (f) the places at which births and deaths occurring on ships within territorial waters shall be registered;
- (g) the exemption from all or any of the provisions of this Act of persons of any particular class or race within an area in which the registration of births or deaths has been declared to be compulsory;
- (h) the exemption from all or any of the provisions of this Act of any district or municipality within an area in which the registration of births and deaths has been declared to be compulsory;
- (i) any matter which is by this Act required to be prescribed;
- (j) generally, for carrying into effect the provisions of this Act.

[L.N. 300/1956, L.N. 173/1960, Act No. 28 of 1968, s. 9.]

30. Deleted by Act No. 29 of 1967, Sch.

CHAPTER 149

BIRTHS AND DEATHS REGISTRATION ACT

SUBSIDIARY LEGISLATION

List of Subsidiary Legislation

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**TOWNS, DISTRICTS AND AREAS IN WHICH REGISTRATION OF BIRTHS
AND DEATHS IS DECLARED TO BE COMPULSORY UNDER
SECTIONS 9(2) AND 15(2)**

[L.N. 172/1963, L.N. 174/1965, L.N. 262/1966, L.N. 18/1967, L.N. 56/1967, L.N. 7/1968, L.N. 173/1968, L.N. 29/1969, L.N. 30/1969, L.N. 207/1969, L.N. 184/1971.]

The registration of the births and deaths of all inhabitants of the Nyeri District and the City of Nairobi is compulsory, with effect from the 12th March, 1963.

The registration of the births and deaths of all inhabitants of—

- (a) the municipality of Mombasa;
- (b) the municipality of Nakuru;
- (c) the Bungoma District; and
- (d) the Kwale District,

is compulsory, with effect from the 1st July, 1965.

The registration of the births and deaths of all inhabitants of that part of the Nakuru District in respect of which the registration of births and deaths is not already compulsory is compulsory, with effect from the 1st October, 1966.

The registration of the births and deaths of all inhabitants of the municipality of Kisumu is compulsory, with effect from the 1st January, 1967.

The registration of the births and deaths of all inhabitants of that part of Kisumu District, in respect of which the registration of births and deaths is not already compulsory, is compulsory with effect from 1st January, 1968.

The registration of the births and deaths of all inhabitants of the Eldoret Municipality and of the Kiambu, Kakamega, Kilifi, Kericho and Embu Districts, in respect of which the registration of births and deaths is not already compulsory, is compulsory with effect from 1st July, 1968.

The registration of the births and deaths of all inhabitants of that part of the Uasin Gishu District, in respect of which the registration of births and deaths is not already compulsory, is compulsory with effect from 1st January, 1969.

The registration of the births and deaths of all inhabitants of the Murang'a, Siaya, Machakos and Lamu Districts and the Kitale Municipality is compulsory with effect from 1st January, 1969.

The registration of the births and deaths of all inhabitants of the Busia, Trans Nzoia, Elgeyo-Marakwet, South Nyanza, Nyandarua, Taita, Kirinyaga and Meru Districts, is compulsory with effect from 1st October, 1969.

The registration of the births and deaths of all inhabitants of the remaining non-compulsory areas within the Republic is compulsory with effect from 1st September, 1971.

Rules under section 29

BIRTHS AND DEATHS REGISTRATION RULES, 1966

[L.N. 270/1966, L.N. 187/1969, L.N. 43/1970, L.N. 49/1981, L.N. 244/1988.]

PART I – PRELIMINARY

1. These Rules may be cited as the Births and Deaths Registration Rules, 1966.
2. In these Rules, except where the context otherwise requires—

“**compulsory registration area**” means a registration area in respect of which a declaration has been made under section 9(2) or section 15(2), as the case may be, of the Act that the registration of births or deaths of all the inhabitants of the area shall be compulsory.

PART II – GENERAL REGISTRATION PROCEDURE

3. Births and deaths may be registered at the office of the registrar in any registration area during office hours.
4. (1) Births and deaths occurring on board ships on that portion of Lake Victoria within Kenya shall be registered at Kisumu.

(2) Births and deaths occurring on board ships while within coastal territorial waters shall be registered either at the office of the registrar at Mombasa or at the office of the registrar nearest to the port of first arrival in Kenya of the ship upon which the birth or death occurred.
5. (1) Any person whose duty it is to register a birth or death may, on sending to the registrar satisfactory reasons for his non-attendance, apply to register the birth or death without personal attendance at the office of the registrar; and the registrar may register the birth or death without the personal attendance of the informant, or may defer registration until the informant has attended personally.

(2) A person registering a birth or death without personal attendance shall fill in and sign the appropriate registration form giving the particulars prescribed, which form shall be obtained from the registrar.

PART III – BIRTH REGISTRATION PROCEDURE

6. The time within which the notice of the birth of any child is to be given under section 11 of the Act to the registrar of the registration area in which the birth occurs shall be three months from the date of birth.
7. The register of births to be kept by a registrar in a compulsory registration area shall be maintained in loose-leaf form and shall contain the particulars required in Form No. 1 in the Schedule to these Rules.
8. (1) A person registering a birth in a compulsory registration area shall complete in duplicate a birth registration form in Form No. 1 in the Schedule to these Rules and shall deliver it to the registrar or a deputy registrar.

(2) The registrar shall give the entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year and affix such number to both copies of the entry.

[Subsidiary]

(3) If the form is delivered to a deputy registrar, he shall ensure that it is complete in every detail and shall then send both copies of the form to the registrar.

(4) The registrar shall sign the top copy, which shall constitute the original entry; and he shall forward to the Registrar-General the original of every entry received by him every two weeks or after such period as may be directed by the Registrar-General.

9. The register of births to be kept by a registrar or Registrar-General in registration areas other than compulsory registration areas shall be a register book in Form No. 2 in the Schedule to these Rules.

10. (1) The registrar shall ensure that an entry made in the register book referred to in rule 9 of these Rules is complete in every respect before it is signed by the informant.

(2) The registrar shall give the entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year.

(3) The registrar shall forward to the Registrar-General a certified copy of all entries made in the register book, referred to in rule 9 of these Rules, in Form No. 3 set out in the Schedule to these Rules, every two weeks or after such period as may be directed by the Registrar-General.

11. A certificate of birth issued by the Registrar-General under section 26 (3) of the Act shall be either a full certificate in Form No. 4, or a short certificate in Form No. 5, in the Schedule to these Rules, and any person shall on payment of the prescribed fee be entitled to obtain from the Registrar-General a birth certificate in either form:

Provided that where the entry in the register of births is marked "Adopted", "Re-adopted", "Adopted (Tanzania)", "Adopted (Uganda)", "Re-adopted (Tanzania)" or "Re-adopted (Uganda)", and the court which made the adoption order has specified a name or surname which the registered person is to bear instead of the original, then such name or surname shall be inserted in the short form of the birth certificate in place of the original name or surname.

PART IV – DEATH REGISTRATION PROCEDURE

12. The time within which notice of the death of any person is to be given under section 17 of the Act to the registrar of the registration area in which the death occurs shall be one month from the date of death.

13. The register of deaths to be kept by a registrar in a compulsory registration area shall be maintained in a loose-leaf form and shall contain the particulars required in Forms Nos. 6 or 7 respectively in the Schedule to these Rules.

14. (1) Where a medical practitioner certifies the cause of death of a person dying in a compulsory registration area, he shall complete a death registration form in Form No. 6 in triplicate and shall issue the original and duplicate to the next-of-kin of the deceased person, who shall take them to the registrar to obtain a permit to dispose of the body under section 19 of the Act.

(2) The medical practitioner shall retain the triplicate copy of the form in his possession.

15. (1) Upon receipt of the original and duplicate of the death registration form the registrar shall sign the top copy, which shall constitute the original entry.

(2) The registrar shall give each separate entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year and affix such number to both copies of the entry.

[Subsidiary]

(3) The registrar shall forward to the Registrar-General the original of every entry received by him every two weeks or after such period as may be directed by the Registrar-General.

16. (1) Where no medical practitioner is available to certify the cause of death of a person dying in a compulsory registration area, the person registering the death shall complete in triplicate death registration forms containing the particulars set out in Form No. 7 in the Schedule to these Rules, and shall lodge the same with the registrar.

(2) The registrar shall peruse the form to ensure that it is complete in every detail and, if he is satisfied that the death was one from natural causes, may issue a written permit authorizing the interment or other disposal of the body in accordance with section 20(2) of the Act, but before so doing, unless a magistrate or police officer has certified that the death is not one to which sections 386 or 387 of the Criminal Procedure Code (Cap. 75) applies, he shall cause such inquiry to be made as to the cause of death as he thinks fit, and for that purpose every registrar and deputy registrar in a compulsory registration area is hereby specially empowered in that behalf pursuant to section 20(1) of the Act.

17. (1) Where the death registration form is delivered to a deputy registrar, such officer shall forward the original and duplicate of the death registration form to the registrar of deaths for the registration area in which the death occurred, retaining the triplicate copy for his records.

(2) Upon receiving a death registration form from a deputy registrar, the registrar shall peruse it and ensure that it is complete, and shall thereafter sign the top copy, which shall constitute the original entry.

(3) The registrar shall give the entry consecutive numbers from a series of consecutive numbers to be started on the 1st January in each year.

(4) The registrar shall forward to the Registrar-General the original of every entry received by him every two weeks or after such period as may be directed by the Registrar-General.

18. The register of deaths to be kept by a registrar in registration areas other than compulsory registration areas shall be a register book in Form No. 8 in the Schedule to these Rules.

19. (1) The registrar shall ensure that an entry made in the register book referred to in rule 18 of these Rules is complete in every respect before it is signed by the informant, and shall not register the death without production of one of the documents mentioned in section 19(1) of the Act.

(2) The registrar shall give the entry a consecutive number from a series of consecutive numbers to be started on the 1st January in each year.

(3) The registrar shall forward to the Registrar-General certified copies of all entries made in the register book referred to in rule 18 of these Rules, in Form No. 9 in the Schedule to these Rules, every two weeks or after such period as may be directed by the Registrar-General.

20. A medical certificate under section 19(1)(a) of the Act as to the cause of death, whether a post-mortem examination has been carried out or not, shall, in respect of a death occurring in a compulsory registration area, be in Form No. 6 in the Schedule to these Rules and in respect of a death occurring elsewhere shall be in Form No. 10 in the said Schedule, and in a case of sudden death anywhere where no medical practitioner was in attendance before the death shall be in Form No. 11 in the said Schedule.

Births and Deaths Registration

[Subsidiary]

21. Notice in writing under section 19(1)(b) of the Act, signed by a medical practitioner and stating that a medical certificate has been signed by him, shall be in Form No. 12 in the Schedule to these Rules.

22. A death report under section 19(1)(c) of the Act upon which a magistrate, police officer or person specially empowered to make inquiries certifies that a death is not one to which section 386 or section 387 of the Criminal Procedure Code (Cap. 75) applies shall, in respect of a death occurring in a compulsory registration area, be in Form No. 7 in the Schedule to these Rules, and in respect of a death occurring elsewhere shall be in Form No. 13 in the said Schedule.

PART V – FEES

[L.N. 49/1981, s. 2, L.N. 244/1988, s. 2.]

23. The following fees shall be chargeable—

| | |
|--|-----------|
| | <i>Sh</i> |
| (a) for the registration of a birth more than six months after the date of birth where registration was compulsory | 100 |
| (b) for the registration of the name or alteration in the name of any child whose birth has previously been registered | 40 |
| (c) for the registration of a death, more than six months after the date of death, where registration was compulsory | 100 |
| (d) for the inspection of any register, return or index in the custody of the registrar or the Registrar-General | 20 |
| (e) for a certified copy of any entry in any register or return in the custody of the registrar or the Registrar-General | 50 |
| (f) for a birth certificate in the short form prescribed by rule 11 | 5 |
| (g) for making a correction in any entry in a register or index | 40 |
| (h) for authenticating the seal of the Registrar-General by the Attorney-General | 100 |
| (i) for preparing copies of documents on request by means of photographic process, xerography or any other copying process | |
| such fees as may be determined by the registrar. | |

24. Where the registrar is a local authority or an officer of a local authority, any fee chargeable under rule 23 of these Rules and received by the local authority or officer aforesaid shall be paid into the funds of the local authority and shall form part of its general revenue.

SCHEDULE

FORM No. 1

REGISTER OF BIRTH

DISTRICT:

REGISTRAR'S SERIAL NUMBER:

| | | | | |
|-----------------------|----------------------------|-----------------------|--|----------------------------------|
| 1. FULL NAME OF CHILD | Baptismal or given name(s) | Middle or tribal name | <input style="width: 80%; height: 15px;" type="text"/> Son or daughter of | Surname or tribal name of Father |
|-----------------------|----------------------------|-----------------------|--|----------------------------------|

Births and Deaths Registration

[Subsidiary]

SCHEDULE, FORM No. 1—continued

| | | |
|-------------------------------|--|---|
| 2. DATE OF BIRTH | Date of Month: <input type="text"/> Month: <input type="text"/> Year: <input type="text"/> | 3. SEX OF CHILD Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> |
| 4. FULL NAME OF FATHER | Baptismal or given name(s) <input type="text"/> Middle or tribal name <input type="text"/> | Surname or tribal name of Father <input type="text"/> Son of |
| 5. FULL NAME OF MOTHER | Baptismal or given name(s) <input type="text"/> Middle or tribal name <input type="text"/> | Maiden surname or tribal name of her Father <input type="text"/> Daughter of |
| 6. EXACT PLACE OF BIRTH | No. of house and street or road, if any <input type="text"/> | Name of town, if any, or Village, Sub-location and Location <input type="text"/> |
| 7. NORMAL RESIDENCE OF MOTHER | If in Institution—name of hospital or medical centre <input type="text"/> | |

8. CERTIFICATE TO BE COMPLETED BY INFORMANT

I hereby certify that I attended the above birth or have knowledge of the fact that the above child was born (alive) 1 (dead) 2 in the date and at the place specified and that I am the

Check capacity in which information given.

1 Mother of the child 2 Father of the child 3 Midwife who attended birth 4 Medical Attendant 5 or (specify)

Signature..... Date Record Signed

(If informant is illiterate he should add his mark and a witness to such mark should sign here)

9. SIGNATURE OF REGISTRAR: _____ Date Record Received: _____

CONFIDENTIAL MEDICAL DATA
(This section must be completed as fully as possible)

10. AGE OF MOTHER AT BIRTH OF CHILD: _____ Years

11. IS MOTHER MARRIED TO FATHER? (By Ceremony, Custom, etc.):
Yes 1 No 2

12. PREVIOUS BIRTHS TO MOTHER: Number Born Alive..... Number Born Dead

13. IF A PLURAL BIRTH, STATE WHETHER TWIN OR TRIPLET
AND ORDER OF BIRTH (i.e. 1st or 2nd)

NOTE—A separate record is required for each child.

Births and Deaths Registration

[Subsidiary]

SCHEDULE, FORM No. 1—*continued*

BINDING MARGIN

IMPORTANT—Use typewriter or ballpoint or the other pen with black or dark blue ink

This is a permanent legal record. Be sure the carbon copy legible

SCHEDULE—continued

FORM No. 2

REGISTER FOR THE REGISTRATION OF BIRTHS

| | | |
|----------|---------------------------------|--|
| 20 | Births in the District of | in the Province of |
| No. | Where born | Name |
| | Sex | Name and surname of father |
| | Father's occupation | Father's nationality |
| | Name and maiden name of mother | Mother's occupation |
| | Mother's nationality | Signature, description and residence of informant |
| | Date of birth | Signature of Registering Officer |
| | Date of registration | Baptismal name if added or altered after registration of birth |

[Subsidiary]

SCHEDULE—continued

FORM No. 3

Return of Births in the District of in the Province of

| | | | | | | | | | | | | | | |
|-----|------------|------|-----|----------------------------|---------------------|----------------------|--------------------------------|---------------------|----------------------|---|---------------|----------------------------------|----------------------|--|
| No. | Where born | Name | Sex | Name and surname of father | Father's occupation | Father's nationality | Name and maiden name of mother | Mother's occupation | Mother's nationality | Signature, description and residence of informant | Date of birth | Signature of Registering Officer | Date of registration | Baptismal name if added or altered after registration of birth |
|-----|------------|------|-----|----------------------------|---------------------|----------------------|--------------------------------|---------------------|----------------------|---|---------------|----------------------------------|----------------------|--|

I,, the Registrar of Births for the District Province of Kenya, do hereby certify that this is a true copy of an entry made in the Birth Register of this District.
 Witness my hand this day of 20 Registrar of Births, District.

SCHEDULE—continued

FORM No. 4

CERTIFICATE OF BIRTH

Birth in the District in the Province

| | | | |
|--|-----|----------------------------|------|
| No. | /20 | Where Born | Name |
| Date of Birth | Sex | Name and Surname of Father | |
| Name and Maiden Name of Mother | | | |
| Signature, Description and Residence of Informant | | | |
| Signature of Registering Officer | | Date of Registration | |
| Baptismal Name if added or altered after Registration of Birth | | | |

Certified to be a true copy of a return/an entry in the Register of Births in the District above mentioned.

Given under the seal of the Registrar-General on the day of, 20.....

This certificate is issued in pursuance of the Births and Deaths Registration Act which provides that a certified copy of any entry in any register return purporting to be sealed or stamped with the seal of the Registrar-General shall be received as evidence of the dates and facts therein contained without any other proof of such entry.

Births and Deaths Registration

[Subsidiary]

SCHEDULE—*continued*

FORM No. 5

CERTIFICATE OF BIRTH (SHORT FORM)

| | |
|-----------------------------|--|
| Reference No. | |
| Registration District | |
| Name and Surname | |
| Sex | |
| Date of Birth | |

Certified to have been compiled from records in the custody of the Registrar-General of Births and Deaths.

GIVEN under the Seal of the Registrar-General at Nairobi the day of, 20

FORM No. 6

REGISTER OF DEATH

(For use by Medical Practitioners and in Hospitals)

District: Registrar's Serial No.:

| | | | | |
|--|---|--|----------------------|--|
| 1. Full Name of Deceased <input type="text"/> | Baptismal or given Name(s) | Middle or Tribal Name | <input type="text"/> | Surname or Tribal Name of Father |
| | Son or daughter of | | | |
| 2. Date of Death <input type="text"/> | Date of Month: | Month: | Year: | 3. Sex of Deceased |
| | | | | Male 1 <input type="text"/> Female 2 <input type="text"/> |
| 4. Age of Deceased <input type="text"/> | Years (If under one year state in months or days) | | | 5. Occupation of Deceased |
| 6. Exact Place of Death <input type="text"/> | No. of house and street or road, if any | Name of Town, if any, or Village/Sub-location and location | | If in Institution-name of hospital or medical centre |
| | | | | |
| 7. Normal Residence of Deceased | If Deceased not normally resident at above place, state District in which he lived. | | | |

SCHEDULE—continued

| | |
|--|--|
| <p>8. To BE COMPLETED BY MEDICAL PRACTITIONER:</p> <p>A. Cause of Death—Enter one cause per line:</p> <p style="margin-left: 20px;">I. IMMEDIATE CAUSE (A)</p> <p style="margin-left: 40px;">DUE TO (B)</p> <p style="margin-left: 40px;">DUE TO (C)</p> <p style="margin-left: 20px;">II. OTHER SIGNIFICANT CONDITIONS</p> <p>B. Certificate</p> <p style="margin-left: 20px;">I certify that—</p> <p style="margin-left: 40px;">(a) I attended the deceased, or</p> <p style="margin-left: 40px;">Delete as (b) I examined the body after death, or</p> <p style="margin-left: 40px;">appropriate. (c) I conducted a post mortem examination of the body and that the</p> <p style="margin-left: 80px;">above information is correct to the best of my knowledge.</p> <p>Signature Title Date</p> <p style="text-align: center;">NAME IN BLOCK LETTERS</p> | <p>Interval between Onset and Death</p> <p>.....</p> <p>.....</p> <p>.....</p> |
|--|--|

9. Signature of Local Registrar..... Date record received.....

TO OBTAIN A DISPOSAL PERMIT (BURIAL OR CREMATION) THIS CERTIFICATE IN DUPLICATE (TWO FORMS) MUST BE TAKEN TO THE OFFICE OF THE REGISTRAR OF DEATHS

FORM No. 7

REGISTER OF DEATH

(For use by next-of-kin where no medical certificate of cause of death issued)

District: Registrar's Serial No.

| | | | | |
|--|--|--|---|--|
| 1. Full Name of Deceased | Baptismal or given Name(s) | Middle or Tribal Name | <input style="width: 50px; height: 15px;" type="text"/> Son or daughter of | Surname or Tribal Name of Father |
| 2. Date of Death <input style="width: 80px; height: 20px;" type="text"/> | Date of Month: | Month: | Year: | 3. Sex of Deceased |
| | | | | Tick appropriate box Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> |
| 4. Age of Deceased <input style="width: 80px; height: 20px;" type="text"/> | years. If under one year state months. If under one month state days. | | | 5. Occupation of Deceased |
| 6. Exact Place of Death <input style="width: 80px; height: 20px;" type="text"/> | No. of house and street or road, if any | Name of Town, if any, or Village/Sub-location and location | | If in Institution-name of hospital or medical centre |
| 7. Normal Residence of Deceased | If Deceased not normally resident at above place, state district in which he lived. | | | |

Births and Deaths Registration

[Subsidiary]

SCHEDULE, Form No. 7—continued

8. CERTIFICATE TO BE GIVEN BY RELATIVE OR OTHER INFORMANT WHERE NO MEDICAL CERTIFICATE GIVEN.

A. Apparent Cause of Death (Place tick in box against description which most nearly describes condition before death):

1. Natural Causes:

- Bellyache, with diarrhoea
- Sudden death (stroke)
- Fever with headache and stiff neck
- Other known cause, specify condition: _____
- Bellyache, without diarrhoea
- Difficulty or pain in passing urine
- Other fever _____
- Cough with short illness (less than 1 month)
- Yellow skin or yellow eyes
- Convulsions with lock jaw (tetanus) _____
- Cough with long illness (more than 1 month)
- Smallpox _____
- Shortness of breath and swelling of legs
- Measles _____
- Woman dying in childbirth _____

I am satisfied after inquiry that the above-mentioned death is not one to which section 386 or 387 of the Criminal Procedure Act (Cap. 75) apply. An external examination of the body has/has not been made by a medical practitioner.

Deputy Registrar,
Magistrate/Police Officer

2. Unnatural Causes:

(A disposal certificate in these cases can ONLY be given by the police when satisfied that the provisions of Cap. 75 have been observed.)

- Accident
- Killed by another person
- Cause unknown
- Attack by animal or snake
- Suicide

3. Certificate

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 Date
(If illiterate, witness to mark of informant to sign)

9. Signature of Local Registrar Date record received

SCHEDULE—continued

FORM No. 8

REGISTER FOR THE REGISTRATION OF DEATHS

20 Deaths in the District of in the Province of

| No. | Name and surname of deceased | Age | Sex | Residence | Occupation | Nationality | Date of Death | Place of Death | Cause of Death | Signature, description and residence of informant | Signature of Registering Officer | Date of Registration |
|-----|------------------------------|-----|-----|-----------|------------|-------------|---------------|----------------|----------------|---|----------------------------------|----------------------|
| | | | | | | | | | | | | |

[Subsidiary]

SCHEDULE—continued

FORM No. 9

FORTNIGHTLY RETURN OF DEATHS IN A DISTRICT

Return of Deaths in the District of in the Province of

| No. | Name and surname of deceased | Age | Sex | Residence | Occupation | Nationality | Date of Death | Place of Death | Cause of Death | Signature, description and residence of informant | Signature of Registering Officer | Date of Registration |
|-----|------------------------------|-----|-----|-----------|------------|-------------|---------------|----------------|----------------|---|----------------------------------|----------------------|
| | | | | | | | | | | | | |

I,, the Registrar of Deaths for the District Province, do hereby certify that this is a true copy of all entries made during the fortnight ended , 20....., in the Death Register of this District.

Witness my hand this day of , 20 Registrar of Deaths, District.

SCHEDULE—continued

FORM No. 10

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(for use of Medical Attendant, who should fill it up in all cases)

Place Date

Name of deceased

Address

Age Sex

Nationality

Religion

Time and date of death

Cause of death:— Approximate interval between onset and death

- 1. (a) due to or in consequence of
(b) due to or in consequence of
(c)
2.

Cause of Death *Confirmed / Not confirmed by post mortem.

Last seen alive

Employment

Name of nearest relative or of person attending

Medical Practitioner

*Strike out whichever is inapplicable.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

To be used only by a Registered or Licensed Medical Practitioner who has been in attendance during the deceased's last illness, and to be forwarded by him forthwith to the Registrar of Deaths either direct or in such other manner as the Registrar may prescribe.

Hospital/station, town Date

Name of deceased

Normally resident at Road,

Age Sex Nationality Religion

Died at at about o'clock *a.m./p.m. on the day of, 20.....

Births and Deaths Registration

[Subsidiary]

CAUSE OF DEATH

Approximate interval between onset and death

SCHEDULE, Form No. 10—continued

| | | | |
|---|---|--|--|
| <p>I Disease or condition directly leading to death† antecedent causes, morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.</p> | } | <p>I (a) due to or in consequence of (b) due to or in consequence of (c)</p> | <p>.....</p> |
| <p>II Other significant conditions contributing to the death, but not related to the disease or condition causing it.</p> | } | <p>II</p> | <p>.....</p> |

Cause of death* has / has not been confirmed by post mortem.

Deceased was last seen alive by me on the day of, 20

Place and nature of his employment

Name and residence of nearest relative or other person acting as informant

I hereby certify that I was in medical attendance during the above-named deceased's last illness, and the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature Qualifications Postal Address

* Strike out whichever is inapplicable.

† This does not mean the mode of dying, such as, e.g. heart failure, asphyxia, asthenia, etc., it means the disease, injury or complication which caused death.

NOTICE TO INFORMANT

I hereby give notice that I have this day signed a Medical Certificate of the Cause of Death— of,, deceased.

Signature

Date

This Notice must be given by the Certifying Medical Practitioner to the person who is qualified and liable to act as informant for the purpose of the registration of the death. As to the person liable to act as informant, see back.

DUTIES OF INFORMANT

The informant must deliver this Notice to the Registrar of Births and Deaths of the registration area in which the death took place, bearing in mind that registration cannot take place until the Medical Certificate has reached the Registrar. Failure to deliver this Notice to the Registrar renders the informant liable to prosecution.

The informant must be prepared to state accurately to the Registrar the following particulars—

- (a) the date and place of death and the place of deceased's usual residence;
- (b) the full name;
- (c) correct age and sex;
- (d) occupation.

SCHEDULE—continued

FORM No. 11

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(for use of Doctors carrying out post-mortem examination, who should fill it in all cases)

Place Date
Reported name of deceased
Reported address
Name of informant
Age reported/assessed Sex
Nationality
Religion
Time and date of death
Apparent cause of death
Contributory causes

Medical Practitioner

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(to be used by Registered or Licensed Medical Practitioner only in cases of sudden death and where there was no Medical Practitioner in attendance prior to death)

Hospital/station, town Date

I certify that—

- (a) I have carried out a post-mortem examination of a body identified to me by and as being that of [name of deceased] normally resident at and of Years of age reported/assessed Sex Nationality Religion Found dead at at o'clock a.m./p.m. on the day of 20.....
(b) The apparent cause of death was due to
(c) Contributory causes were—
(i)
(ii)

Signature
Name in block capitals
Qualifications
Registered/Licensed Medical Practitioner.

Births and Deaths Registration

[Subsidiary]

SCHEDULE, FORM No 11—continued

This form should be completed in block capitals except for the signature of the Doctor.

NOTICE TO INFORMANT

I hereby give notice that I have this day signed a Medical Certificate of the Cause of Death—
of
....., deceased.

Signature

Date

This Notice must be given by the Certifying Medical Practitioner to the person who is qualified and liable to act as informant for the purpose of the registration of the death. As to the person liable to act as informant, see back.

DUTIES OF INFORMANT

The informant must deliver this Notice to the Registrar of Births and Deaths of the registration area in which the death took place, bearing in mind that registration cannot take place until the Medical Certificate has reached the Registrar. Failure to deliver this Notice to the Registrar renders the informant liable to prosecution.

The informant must be prepared to state accurately to the Registrar the following particulars—

- (a) the date and place of death and the place of deceased's usual residence;
(b) the full name;
(c) correct age and sex;
(d) occupation.

FORM No. 12

NOTICE THAT MEDICAL CERTIFICATE OF CAUSE OF DEATH SIGNED

TAKE NOTICE that a medical certificate of the cause of death of
..... has been duly signed by me.

Dated this day of, 20

Registered/Licensed Medical Practitioner

FORM No. 13

DEATH REPORT

Part A – Report by Member of the Public

Town Date, 20

Name of deceased

Formerly a resident of Road,

Father's name

Chief's name (where applicable)

Nationality or Tribe and District

Registration No.

Sex and age

SCHEDULE, FORM No. 13—continued

Religion

Place and nature of employment

Date of death

Apparent cause of death

Place of death

List of property with deceased at time of death

.....

Name and residence of any other relative

.....

Remarks

.....

.....

.....

Signature

Designation

Part B – Report by Medical Officer*

From the result of an external examination and from the information at my disposal, I am satisfied that the death does not appear to be due to other than natural causes.

.....
Registered/Licensed Medical Practitioner
or Hospital Assistant

* For the purposes of this report, “Medical Officer” includes Registered or Licensed Medical Practitioners and Hospital Assistants in independent charge of hospitals.

Part C – Report by Magistrate or Police Officer

I hereby certify that from inquiries which I have caused to be made, and to the best of my knowledge and belief, this case is not one to which section 386 or section 387 of the Criminal Procedure Code applies.

.....
Magistrate or Police Officer

BIRTHS AND DEATHS REGISTRATION (BIRTHS AND DEATHS OCCURRING OUTSIDE KENYA) (FORMS AND FEES) RULES, 1969

[L.N. 170/1969.]

1. These Rules may be cited as the Births and Deaths Registration (Births and Deaths Occurring Outside Kenya) (Forms and Fees) Rules, 1969.
2. In these Rules, except where the context otherwise requires—
 “**registrar**” means registrar of births and deaths occurring outside Kenya.
3. The register of births occurring outside Kenya and the register of deaths occurring outside Kenya, required to be kept under subsection 2 of section 7 of the Act by the Registrar shall contain the particulars set out in Forms I and II respectively in the First Schedule to these Rules.
4. A certificate of birth issued by the Registrar-General on payment of the appropriate fee specified in the Second Schedule to these Rules shall be in Form III in the First Schedule to these Rules.
5. A certificate of death issued by the Registrar-General on payment of the appropriate fee specified in the Second Schedule to these Rules shall be in Form IV in the First Schedule to these Rules.
6. Applications for the registration of a birth or death of a citizen of Kenya occurring outside Kenya shall be made to the registrar in Forms V and VI respectively in the First Schedule to these Rules and the duly completed form shall be submitted to the registrar by the informant either in person or by post.
7. The fees specified in the Second Schedule to these Rules shall be payable for the matters set out therein.

FIRST SCHEDULE

FORM I

(r. 3)

ENTRY No.

REGISTER OF BIRTH OF A CITIZEN OF KENYA OCCURRING ABROAD

| | | | | | |
|----|---------------------|----------------------------|-----------------------|--|---|
| 1. | FULL NAME | Baptismal or Given Name(s) | Middle or Tribal Name | <div style="border: 1px solid black; width: 80%; height: 30px; margin: 0 auto;"></div> Son of Daughter of | Surname or Tribal Name of Father |
| 2. | DATE OF BIRTH | Date of Month | Month | Year | 3. Sex of Child Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> |
| 4. | FULL NAME OF FATHER | Baptismal or Given Name(s) | Middle or Tribal Name | <div style="border: 1px solid black; width: 80%; height: 30px; margin: 0 auto;"></div> Son of | Surname or Tribal Name of his Father |

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE—*continued*

| | | | | | |
|----|-------------------------------------|----------------------------|-----------------------|-------------|---|
| 5. | FULL NAME OF MOTHER | Baptismal or Given Name(s) | Middle or Tribal Name | | Maiden Surname or Tribal Name of her Father |
| | | | | Daughter of | |
| 6. | EXACT PLACE AND COUNTRY OF BIRTH | | | | |
| 7. | NORMAL RESIDENCE IN KENYA OF MOTHER | | | | |

8. NAME, DESCRIPTION AND RESIDENCE OF INFORMANT

Date Registrar

FORM II

(r. 3)

ENTRY No.

REGISTER OF DEATH OF A CITIZEN OF KENYA OCCURRING ABROAD

| | | | | | |
|----|--------------------------------------|--|-----------------------|-----------------------|--|
| 1. | FULL NAME OF DECEASED | Baptismal or Given Name(s) | Middle or Tribal Name | | Surname or Tribal Name of Father |
| | | | | Son of 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 Months or Days | | | 5. Occupation of Deceased |
| 6. | EXACT PLACE AND COUNTRY OF DEATH | | | | |
| 7. | DECEASED'S NORMAL RESIDENCE IN KENYA | | | | |

FIRST SCHEDULE, FORM II—continued

| | |
|---|----------------------------------|
| 8. WHERE DEATH CERTIFIED BY MEDICAL PRACTITIONER. | Interval Between Onset and Death |
| A. Cause of Death | |
| I. IMMEDIATE CAUSE (A) | |
| DUE TO (B) | |
| DUE TO (C) | |
| II. OTHER SIGNIFICANT CONDITIONS | |
| B. Name and address of certifying Doctor | |
| | |
| | |

9. WHERE DEATH NOT CERTIFIED BY MEDICAL PRACTITIONER APPARENT CAUSE OF DEATH

.....

.....

10. NAME, DESCRIPTION AND RESIDENCE OF INFORMANT

.....

.....

Date

Registrar

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE—continued
CERTIFICATE OF BIRTH OF A CITIZEN OF KENYA OCCURRING ABROAD

FORM III

| | | | |
|---|-----|----------------------|-------------------------------------|
| No. | /20 | Where Born | Name |
| Date of Birth | | Sex | Name and Surname of Father |
| Name and Maiden Name of Mother | | | Normal Residence in Kenya of Mother |
| Signature, Description and Residence of Informant | | | |
| Signature of Registration Officer | | Date of Registration | |

Certified to be a true copy of an entry in the Register of Births of citizens of Kenyans occurring abroad.

Given under the seal of the Registrar-General on the day of 20

Typed by: (.....)
 Checked by: (.....)

FEE PAID: Ten Shillings.

This certificate is issued in pursuance of the Births and Deaths Registration Act which provides that a certified copy of any entry in any register or return purporting to be sealed or stamped with the seal of the Registrar-General shall be received as evidence of the dates and facts therein contained without any or other proof of such entry.

FIRST SCHEDULE—continued

FORM IV

CERTIFICATE OF DEATH OF A CITIZEN OF KENYA OCCURRING ABROAD

| | | | |
|---|---------------------------|----------------------------------|----------------------|
| No. | /20 | Name and Surname of Deceased | Age |
| Sex | Normal Residence in Kenya | Occupation | |
| Date of Death | | | |
| Exact Place and Country of Death | | Cause of Death | |
| Signature, Description and Residence of Informant | | Signature of Registering Officer | Date of Registration |

Certified to be a true copy of an entry in the Register of Deaths of citizens of Kenyans occurring abroad.

Given under the seal of the Registrar-General on the day of 20.....

This certificate is issued in pursuance of the Births and Deaths Registration Act which provides that a certified copy of any entry in any register or return purporting to be sealed or stamped with the seal of the Registrar-General shall be received as evidence of the dates and facts therein contained without any or other proof of such entry.

Typed by: (.....)

Checked by: (.....)

FEE PAID: Ten Shillings.

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE—*continued*

FORM V

(r. 6)

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

THE FOLLOWING INFORMATION CONCERNING THE BIRTH MUST BE SUPPLIED

| | | | | | |
|----|-------------------------------------|----------------------------|-----------------------|---|---|
| 1. | FULL NAME OF CHILD | Baptismal or Given Name(s) | Middle or Tribal Name | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Son of Daughter of | Surname or Tribal Name of Father |
| 2. | DATE OF BIRTH | Date of Month | Month | Year | 3. Sex of Child Male 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> |
| 4. | FULL NAME OF FATHER | Baptismal or Given Name(s) | Middle or Tribal Name | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Son of | Surname or Tribal Name of his Father |
| 5. | FULL NAME OF MOTHER | Baptismal or Given Name(s) | Middle or Tribal Name | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Daughter of | Maiden Surname or Tribal Name of her Father |
| 6. | EXACT PLACE AND COUNTRY OF BIRTH | | | | |
| 7. | NORMAL RESIDENCE IN KENYA OF MOTHER | | | | |

8. CERTIFICATES

A.—*Informant*

I certify that I am (State relationship to child 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

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM V—continued

Designation and Address
.....
.....

Before completing this form please read the notes on the other side.

NOTES TO PERSON COMPLETING FORM

A birth can be registered only if the following conditions are met—

1. Application for Registration of the Birth outside Kenya of a child who is a citizen of Kenya can be made by and person having knowledge of the birth.
2. Documentary evidence should be produced in proof of the birth. A note of the kind of documentary evidence needed is given below.
3. This form should be signed by the applicant and, where there is a Kenya Mission in the country abroad, countersigned by a member of that mission.

DOCUMENTARY EVIDENCE (see 2 above)

The documentary evidence to be produced of the birth may be a certificate of birth issued by the appropriate authority in the country abroad, with an English translation of the certificate if it is not in English; or if certificates are not issued in the country abroad, a certificate of the birth given by the Doctor, Midwife or other person who attended the birth.

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

When completed this application should be sent to—

THE REGISTRAR-GENERAL
P.O. BOX 30031,
NAIROBI,
KENYA,

FOR OFFICIAL USE

FORM VI

(r. 6)

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 | <input type="checkbox"/> | Surname, or Tribal Name of Father |
| | | | | Son of Daughter of |
| 2. DATE OF DEATH | Date of Month | Month | Year | 3. Sex of Deceased Male <input type="checkbox"/> |
| | | | | |

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM VI—continued

| | | |
|---|--|---|
| | | 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 | Interval between Onset and Death |
| A. Cause of Death—Enter one cause per line | |
| I. IMMEDIATE CAUSE (A) | |
| DUE TO (B) | |
| DUE TO (C) | |
| II. OTHER SIGNIFICANT CONDITIONS | |

B. Name and Address of certifying Doctor

.....

.....

.....

.....

9. IF DEATH NOT CERTIFIED BY MEDICAL PRACTITIONER STATE APPARENT CAUSE OF DEATH

.....

.....

.....

.....

.....

.....

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

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM VI—continued

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

.....

Before completing this form please read the notes on the other side.

Before completing this form please read the notes on the other side.

NOTES TO PERSON COMPLETING FORM

A Death can be registered only if the following conditions are met—

1. Application for Registration of a Death of a citizen of Kenya occurring abroad can be made by any person having knowledge of the death.
2. Documentary evidence should be produced in proof of the death. A note of the kind of documentary evidence needed is given below.
3. This form should be signed by the applicant and, where there is a Kenya Mission in the country abroad, countersigned by a member of that mission.

DOCUMENTARY EVIDENCE (see 2 above)

The documentary evidence to be produced in proof of the death may be a certificate of death issued by the appropriate authority in the country abroad, with an English translation of the certificate if it is not in English; or if certificates are not issued in the country abroad, a certificate of the death given by the medical attendant or other person who attended the death.

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

When completed this application should be sent to—

THE REGISTRAR-GENERAL,
P.O. BOX 30031,
NAIROBI,
KENYA,

SECOND SCHEDULE

[Rule 7.]

FEES

| | <i>Sh.</i> | <i>cts.</i> |
|---|------------|-------------|
| (a) For a certified copy of any entry in any register of birth or death in the custody of the Registrar-General | 10 | 00 |
| (b) For making a correction in any register or index | 5 | 00 |

BIRTHS AND DEATHS (LATE REGISTRATION) RULES, 1971

ARRANGEMENT OF RULES

PART I – PRELIMINARY

Rule

1. Citation.
2. Interpretation.

PART II – GENERAL REGISTRATION PROCEDURE

3. Forms of application for late registration.
4. Forms of authority for late registration.

SCHEDULES

FIRST SCHEDULE

SECOND SCHEDULE

[Subsidiary]

BIRTHS AND DEATHS (LATE REGISTRATION) RULES, 1971

[L.N. 154/1971.]

PART I – PRELIMINARY**1. Citation**

These Rules may be cited as the Births and Deaths (Late Registration) Rules, 1971.

2. Interpretation

In these Rules, except where the context otherwise requires—

“**late birth**” means the birth of a person who is still alive which has occurred in Kenya since 20th April, 1904, the particulars whereof have not been registered in the register of births within six months of the date of such birth;

“**late death**” means the death of a person which has occurred in Kenya since 23rd January, 1906, the particulars whereof have not been registered in the register of deaths within six months of the date of such death;

“**late registration authority**” means the written authority of the Registrar-General issued pursuant to section 8 of the Act, for the registration of a late birth or a late death.

PART II – GENERAL REGISTRATION PROCEDURE**3. Forms of application for late registration**

(1) Every application to the Registrar-General for the registration of the late birth of a person belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 1 in the First Schedule to these Rules.

(2) Every application to the Registrar-General for the registration of the late birth of a person not belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 2 in the First Schedule to these Rules.

(3) Every application to the Registrar-General for the registration of the late death of a person belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 3 in the First Schedule to these Rules.

(4) Every application to the Registrar-General for the registration of the late death of a person not belonging to an ethnic group or tribe indigenous to Kenya shall contain the particulars required and be made in Form 4 in the First Schedule to these Rules.

(5) Every application made in pursuance of this rule shall be accompanied by two completed copies of Form 1, 6 or 7 in the Schedule to the Births and Deaths Registration Rules whichever is appropriate.

4. Forms of authority for late registration

If the Registrar-General is satisfied regarding all the circumstances of a late birth or a late death, and after receipt of the prescribed fee where applicable, he shall cause to be issued to the Registrar the appropriate late registration authority in Form 5 or 6 in the Second Schedule to these Rules.

FIRST SCHEDULE

[Rule 3.]

FORM 1

APPLICATION FOR REGISTRATION OF A LATE BIRTH

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 1 in the Schedule to the Births and Deaths Registration Rules must be completed in duplicate and accompany your application.

1. INFORMATION REGARDING CHILD

Full name of child: _____

Postal address of child: _____ Is the child still alive? _____

Child's date of birth: _____ Sex of child: _____

Full name of father: _____

Full name of mother: _____

Exact place of child's birth: _____

Child's ethnic group or tribe: _____

Child's Identity Card No. or, if none Father's Identity Card No: _____

2. In support of the application please produce as many of the following documents as may be available—

Municipality notification of birth, Hospital certificate, Doctor's certificate, Midwife's certificate, Baptismal certificate, or School-leaving certificate.

If only the last certificate is available or if no certificates are available the certificate below should be completed by an independent person (i.e. one not directly related to the child) who is over 18 years of age and at least five years older than the child.

3. Dated this day of, 20

Signature of applicant

Full name and postal address of applicant

.....

Relationship to child:

Witness to signature

Full name and postal address of witness:

4. CERTIFICATE

I, (full name) (age) of (postal address)

hereby certify that I have knowledge of the personal details of the child named in the above application and that I have known him/her for years and that the facts given in the above application are true to the best of my knowledge, information and belief. I can vouch for these facts because (insert full grounds for knowledge)

Signature

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE—*continued*

FORM 2

APPLICATION FOR REGISTRATION OF A LATE BIRTH

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 1 in the Schedule to the Births and Deaths Registration Rules must be completed in duplicate and accompany your application.

1. INFORMATION REGARDING CHILD

| | |
|-------------------------------|---------------------------|
| Full name of child: | |
| Postal address of child: | Is the child still alive? |
| Child's date of birth: | Sex of child: |
| Full name of father: | |
| Full name of mother: | |
| Exact place of child's birth: | |

2. INFORMATION REGARDING CHILD'S FATHER

| |
|--|
| Date and Place of Birth: |
| Date of entry into Kenya (attach passport in use during this period): |
| State if continuously in Kenya for a period of two years immediately before and two years after child's birth (attach passport in use during this period): |
| If a permanent resident give reference No. of father's certificate of residence: |
| Number of personal tax receipt issued to father during the year of child's birth (attach copy): |

3. INFORMATION REGARDING CHILD'S MOTHER

| |
|--|
| Date and Place of Birth: |
| Date of entry into Kenya (attach passport in use during this period): |
| State if continuously in Kenya for a period of two years immediately before and two years after child's birth (attach passport in use during this period): |

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM 2—continued

If a permanent resident give reference No. of mother's certificate of residence:

Date of marriage of child's mother to father (attach certificate):

4. In support of the application please produce as many of the following documents as may be available—

Municipality notification of birth, Hospital certificate, Midwife's certificate, Baptismal certificate, Horoscope, Community certificate, School certificate or other real evidence of the date and place of birth.

Affidavits are not sufficient

It should be particularly noted that affidavits are NOT required and will not be accepted.

5. State why birth was not registered at the time

6. Dated this day of, 20

Signature of applicant Full name and postal address of applicant

7. Sworn at this day of, 20

Before me

(Registrar or Magistrate)

Signature

FORM 3

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:

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM 3—continued

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, 20
Signature of applicant Full name and postal address of applicant

Relationship to deceased

Witness to Signature
Full name and postal address of witness

4.CERTIFICATE

I, (full name)
Chief of
hereby certify that (insert full names of deceased)

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)

Signature

FORM 4

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:

2. In support of the application please produce any one of the following documents—
Medical certificate of cause of death, a letter from the certifying medical practitioner, or any other real evidence of the date and place of death.

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM 4—continued

Affidavits are not sufficient

It should be particularly noted that affidavits are NOT required and will not be accepted.

3. State why death was not registered at the time

4. Dated this day of, 20
Signature of applicant Full name and postal address of applicant

Relationship to deceased

5. Sworn at this day of, 20
Before me

Registrar or Magistrate

Signature

SECOND SCHEDULE

[Rule 4.]

FORM 5

Authority No. CA/PA

Department of the Registrar-General
P.O. Box 30031
Nairobi

....., 20.....

The Registrar of Births,

LATE REGISTRATION AUTHORITY—BIRTHS

Pursuant to section 8 of the Births and Deaths Registration Act, authority is hereby given for the late registration of the undermentioned child/children of

The prescribed fee of Sh. for each child has been collected and my receipt No. dated has been issued.

Table with 3 columns: Name of Child, Place of Birth, Date of Birth. Includes multiple rows of dotted lines for data entry.

Births and Deaths Registration

[Subsidiary]

FIRST SCHEDULE, FORM 5—*continued*

The evidence produced to me in support of the above information was—

.....
.....

.....
Registrar-General of Births and
Deaths

FORM 6

Authority No. CA/PA

Department of the Registrar-General
P.O. Box 30031
Nairobi

....., 20

The Registrar of Deaths,

.....

LATE REGISTRATION AUTHORITY—DEATH

Pursuant to section 8 of the Births and Deaths Registration Act, authority is hereby given for the late registration of the undermentioned death.

The prescribed fee of Sh. has been collected and my receipt No. dated has been issued.

| Name of Deceased | Place of Death | Date of Death |
|------------------|----------------|---------------|
| | | |

The evidence produced to me in support of the above information was—

.....
Registrar-General of Births and
Deaths