THE FOLLOWING INFORMATION CONCERNING THE DECEASED MUST BE SUPPLIED:

1. FULL NAME OF
   THE DECEASED
   Baptismal or given
   name(s)          Middle or tribal name          Surname or Tribal name of
   father of Child
   Son of
   Daughter of

2. DATE OF DEATH
   Date of Month      Month        Year

3. SEX OF DECEASED
   Male              Female

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
   Interval between onset and death
   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 Names ……………………………………………………
    Address …………………………………………… Date ………………………………..

    B. By Member of Kenya Mission abroad.
    I am satisfied from the 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 next page)
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 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 be still completed and forwarded to the Registrar who will advise what alternative evidence may be accepted.

When completed this application should be sent

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

FOR OFFICIAL USE
# Kenya High Commission - Pretoria

**Online Registration Form**

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<td>Other Names</td>
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