



REPUBLIC OF KENYA

THE REGISTRATION OF BIRTHS AND DEATHS ACT
(Cap. 149)

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 | Surname or Tribal Name of Father of Child |
| 2. | DATE OF BIRTH | Date of Month: Month: Year: | 3. | SEX OF CHILD Male Female 1 2 |
| 4. | FULL NAME OF FATHER OF CHILD | Baptismal or given name(s) | Middle or tribal name | Surname or Tribal Name of his Father |
| Son of | | | | |
| 5. | FULL NAME OF MOTHER OF CHILD | 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. 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
 Designation and Address:

CONTACT INFORMATION

CURRENT ADDRESS

TELEPHONE
NUMBER

EMAIL
