



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:

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CONTACT INFORMATION

CURRENT ADDRESS

TELEPHONE
NUMBER

EMAIL
