





# REGISTER OF DEATH

District: \_\_\_\_\_

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

Registrar's Serial No. \_\_\_\_\_

1. Full Name of Deceased	Baptismal or given Name (s)	Middle or Tribal Name		Surname or Tribal Name of Father	
Son or daughter of					
2. Date Of Death	Date of Month	Month: :	Year	3. Sex of Deceased	
				Tick Male .....1 <input type="checkbox"/> Appropriate sex Female ..... 2 <input type="checkbox"/>	
4. Age of Deceased	.....years. If under one year state..... Months.			5. Occupation of Deceased	
	If under one month state ..... days.				
6. Exact Place of Death	No. of house and street or road, of if any	Name or Town, if any, or Village/Sub-location and Location	If any If in Institution-name hospital or medical centre		
					
7. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Code</td></tr></table> Normal Residence Of Deceased	Code	If Deceased not normally resident at above place, state district in which he lived.			
Code					

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:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Bellyache, with diarrhea                       | <input type="checkbox"/> Sudden death                        | <input type="checkbox"/> Fever with headache & stiff neck    | <input type="checkbox"/> Other known cause, specify condition: ..... |
| <input type="checkbox"/> Bellyache, without diarrhea                    | <input type="checkbox"/> Difficulty or pain in passing urine | <input type="checkbox"/> Other fever                         | .....  |
| <input type="checkbox"/> Cough, with short illness ( less than 1 month) | <input type="checkbox"/> Yellow skin or yellow eyes          | <input type="checkbox"/> Convulsions with lock-jaw (tetanus) | .....  |
| <input type="checkbox"/> Cough, with long illness ( more than 1 month)  | <input type="checkbox"/> Smallpox                            | <input type="checkbox"/> Woman dying in child-birth          | .....  |
| <input type="checkbox"/> Shortness of breath & swelling of legs         | <input type="checkbox"/> Measles                             |  |  |

I am satisfied after inquiry that the above-mentioned death is not one to which sections 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).

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accident                  | <input type="checkbox"/> Killed by another person | <input type="checkbox"/> Cause unknown |
| <input type="checkbox"/> Attack by animal or snake | <input type="checkbox"/> 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 .....

IMPORTANT:- A record must be made for each death. Use a typewriter or ball point with black or dark blue ink. This is a permanent legal record. Be sure that the carbon copy is legible.

