LONG SENTENCE PRISONER'S RECORD Prisons Form 3							
General Register No. KRC0000340/18							
Tribe							
Serial No.							
Name							

Place of Birth		
Age of Conviction		

Married or Single		
Number of Children (if any)		

Occupation when free
Employed or not
Address at time of arrest (village)
(Parish)
(Sub County)

County)
District)
Name and address of next of kin
Relationship
el. No. of next of Kin

Place crime committed		
Date		
Date		
Court		
Sentence		

Standard of education		
Religion		
Kenglon		
	MEDICAL EXAMINATION ON RECEPTION	
enter your text here		
enter your text here		

-	PARTICULARS OF AFTER CARE						
Date							
		Medical officer					
	STATEMENT SHO	OWING TRADE FOLLOWED AT EAC	H PRISON				
Prison	Date	Trade or occupation	Supt's initials				

Prison	Date	Trade or occupation	Supt's initials

RECORD OF PREVIOUS CONVICTIONS

C.R.O. No

Sentence	Court	Place	Date	Crime	Name	Prisons in which undergone

Sentence	Court	Place	Date	Crime	Name	Prisons in which undergone

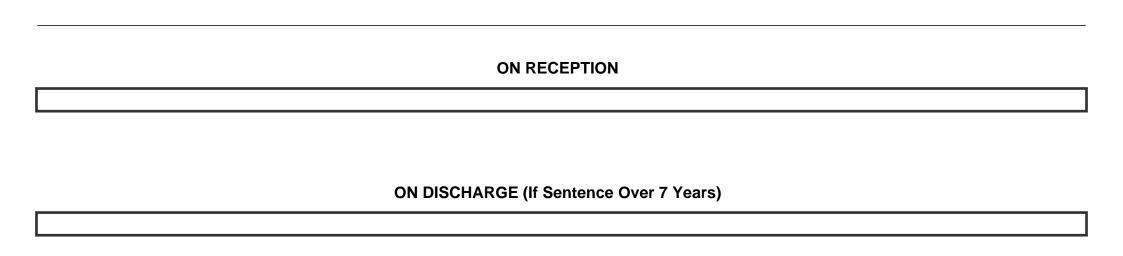
DESCRIPTION OF PRISONER

Date when Description taken	Build	Weight	Height	Complexion Fi	Hair t.	Eye	Skin
				ı			

MEDICAL EXAMINATION ON RECEPTION

enter your text here		
Hand		
Head		
onter your text here		
enter your text here		
Right Side		
enter your text here		
Left Side		
enter your text here		

PHOTOGRAPHS

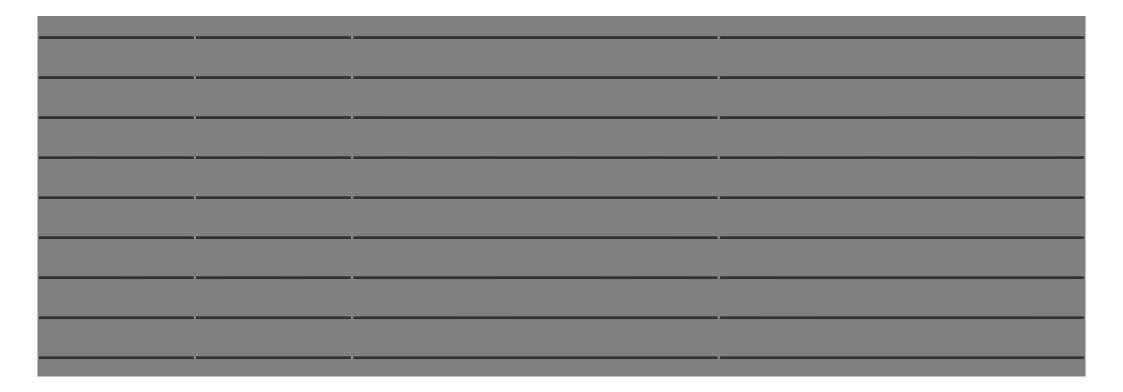


SPECIAL REMARKS

The following are subjects to which special attention should be called the information of the authorities of prisons, viz admissions or denials, of previous conviction, escapes, or attempts to escape, specious circumstances connected with the visits correspondence, corporal punishments, violent conducts, any peculiar mental or bodily condition requiring special treatment, attempts to commit sucide or bodily injuries, whether convicted at same time and place jointly with other Prisoners, giving the General Register Number and name of the latter with thier relationship, if any. Every entry to be cencised and in order of date. Escapes, attempts to escape, and any peculiar mental or bodily condition requiring special treatment should be entered in red ink.

	Date	Prison	Subject of Remarks	Supt's Initials	
1					
1					
1					
1					
1					
1					
1					

Date	Prison	Subject of Remarks	Supt's Initials		
RECORDS OF SCHOOL AND CLASSES					



MEDICAL HISTORY SHEET

Vaccinated	
Re-vaccinated	
Has had smallpox	Fit to work asenter your text here
	Medical officer Prison
State of health, special, remarksenter your text here	Date
	(to be completed in cases of light labour only)
	(to be completed in cases of light labour offly)

RECORD OF ADMISSION TO HOSPITALS, ACCIDENTS, SPECIAL EXAMINATIONS

enter your text here

	continued overleaf]
Record of admission to hospital, accident, special examinations-continued	
enter your text here	
EXAMINATION PRIOR TO DISCHARGE-REMARKS	

enter your text here	
	100000000000000000000000000000000000000
Date	
Medical Officer	
Prison	