
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

Tel. No. of next of Kin

Place crime committed

Date

Court

Sentence

Standard of education

Religion

MEDICAL EXAMINATION ON RECEPTION

enter your text here

PARTICULARS OF AFTER CARE

Date

Medical officer

STATEMENT SHOWING TRADE FOLLOWED AT EACH 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	Hair	Eye	Skin

MEDICAL EXAMINATION ON RECEPTION

enter your text here

Head

enter your text here

Right Side

enter your text here

Left Side

enter your text here

PHOTOGRAPHS

ON RECEPTION

ON DISCHARGE (If Sentence Over 7 Years)

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 suicide 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

Date _____

Prison

Subject of Remarks

Supt's Initials

RECORDS OF SCHOOL AND CLASSES

[illegible]

MEDICAL HISTORY SHEET

Vaccinated

Re-vaccinated

Has had smallpox

Fit to work as

State of health, special, remarks

Medical officer Prison

Date

(to be completed in cases of light labour only)

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

Date

Medical Officer

Prison