

DM D1

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

ORIGINAL

PERMIT FOR BURIAL

Serial **B** No. 74460

HOSPITAL No. \_\_\_\_\_

1. NAME OF DECEASED: PETER ONYANGO OIGINO

First name

Other name

Father's or husband's\* (surname or tribal) name

2. SEX: Male ☒ Female ☐

3. AGE: 45 YRS

Years or Months or Days

4. DATE OF DEATH: 25/11/04

Day month year

5. USUAL RESIDENCE: MINI ESTATE NUMIAJ

Sub-location or Estate and town

District

BUTERE-MUMIAS

After making due inquiry as to cause of the death of the above-named deceased person, I hereby authorize the interment of the body.

6. DATE: 29/11/04

Day month year

15. REGISTRATION ASSISTANT FOR: BUNYOMA

(state name of health institution)

16. SIGNATURE [Signature]

PERMIT ISSUED TO (Name) LIEBUE OTENO No. 4871598

SIGNATURE [Signature]

Note.—To obtain a death certificate, present this permit to the District Registrar of Deaths where this death occurred.