

REPUBLIC OF KENYA
THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)
655339 PERMIT FOR BURIAL

FORM D2

Serial No. D2A

1. NAME OF DECEASED..... TERESIA WANJIRU KAROKI
First Name Middle Name Father's or Husband's name

2. IDENTIFICATION/PASSPORT NUMBER..... 13126260

4. SEX Male ☐ Female ☒ 5. AGE..... 47 6. DATE OF DEATH..... 25 8 2021
Years Months Days Day Month Year

9. USUAL RESIDENCE..... UPPER GILGIL SUB-LOCATION..... MIRANGINE
Sub-location of estate or place of death District

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

17. DATE: 30-8-2021 18. REGISTRATION ASSISTANT FOR.....
Day Month Year (Name of Sub-location)

19. SIGNATURE PETER W. KIBIRA
Punching

PERMIT ISSUED TO (Name)..... GEORGE KAROKI ID No. 5776707 SIGNATURE..... [Signature]
Note — To obtain death certificate, present this permit to the District Registrar of Deaths where this death occurred.