

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

PERMIT FOR BURIAL

Serial No. **0170893**

1. NAME OF DECEASED **CONCILATA ALOO** **UJWANG**
First Name Middle Name Father's or Husband's name

2. IDENTIFICATION /PASSPORT NUMBER **9092076**

4. SEX Male ☐ Female ☒ 5. AGE **43 YEARS** 6. DATE OF DEATH **23.02.2010**
Years Months Days Day Month Year

9. USUAL RESIDENCE **LIGEGA** **SIAYA**
Sub-location or estate and town 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: **01.03.2010** 18. REGISTRATION ASSISTANT FOR: **LIGEGA** 19. SIGNATURE **CHARPINE O. OCHIAMBO**
Day Month Year (Name of Sub-location)

PERMIT ISSUED TO (Name) **BONFACE MUKUNDU** ID No: **28769386** SIGNATURE **[Signature]**
Note. — To obtain death certificate, present this permit to the District Registrar of Deaths where this death occurred.