

ORIGINAL

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

Form D1

B No. 497412

Hospital No.

Serial

1. NAME OF DECEASED: PAIRICK MUYITHAMA Father's or husband's (surname or tribal) name

2. SEX: Male ☒ Female ☐ 3. AGE: 40 / 1 / 2-03 DATE OF DEATH: 21-2-03
Years or Months or Days Day month year

6. USUAL RESIDENCE: Santa District Kisumu
Sub-location or Estate and town

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

14. DATE: 1-3-03 15. REGISTRATION ASSISTANT FOR: 16. SIGNATURE: [Signature]
Day month year (state name of health institution)

PERMIT ISSUED TO (Name) PAIRICK MUYITHAMA No. 20519645 SIGNATURE: [Signature]
Note: - To obtain a death certificate, present this permit to the District Registrar of the District.