

FORM B1

REPUBLIC OF KENYA

THE BIRTHS AND DEATHS REGISTRATION ACT (Cap. 149)  
ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)

3641436  
10230068

Serial No. B1 AA

1. NAME

First name

Other name

Father's name

2. DATE OF BIRTH

Day

Month

Year

3. SEX\*

Male ☒ Female ☐

4. TYPE OF BIRTH\*

Single ☒ Twin ☐

Other, specify

5. NATURE OF BIRTH\*

Born Alive ☒ Born Dead ☐

7. PLACE OF BIRTH

Sub-location or Estate and Town or health institution

8. NAME OF MOTHER

First name

Middle name

Father's name

NOTIFICATION ISSUED TO

ID No.