# Death Notification Form (D2)

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

## REGISTRATION OF DEATH  
(for use by Registration Assistants for home death)

| Serial No. | 1. NAME OF DECEASED |
|------------|---------------------|
|            | First Name          |
|            | Middle Name         |
|            | "Father's or husband's name" |

| 2. IDENTIFICATION / PASSPORT NO. | 3. NATIONALITY | (ID to be surrendered) |
|---------------------------------|---------------|------------------------|

| 4. SEX: Male ☐ Female ☐ | 5. AGE | 6. DATE OF DEATH |
|-------------------------|--------|-----------------|
| Sub-location or estate and town | Year | Month | Day |

| 7. MARITAL STATUS: (a) Married ☐ (b) Divorced ☐ (c) Single ☐ (d) Widowed ☐ |
|-----------------------------------------------------------------------------|

| 8. PLACE OF DEATH |
|-------------------|
| Sub-location or estate and town |

| 9. USUAL RESIDENCE |
|--------------------|
| Sub-location or estate and town |

| 10. LEVEL OF EDUCATION | 11. OCCUPATION |
|------------------------|-----------------|

### 12A. NATURAL CAUSES*  
Malaria ☐ Pneumonia ☐ Measles ☐ Measles pneumonia ☐ Measles pregnancy-birth ☐ Tetanus ☐ Sudden death ☐ Tuberculosis ☐ Alcoholism ☐ Other known cause, specify:  
- Cancer ☐ Urinary Obstruction ☐ AIDS ☐ Malnutrition ☐ Asthma ☐  

I am satisfied after the above-mentioned death is not one to which section 386 or 387 of the Criminal Procedure Code (Cap.75) apply. An external examination of the body has/have not been made by a medical practitioner.

### 12B. UNNATURAL CAUSES*  
- Accident ☐  
- Poisoning ☐  
- Suicide ☐  
- Assaulted by animal or snake ☐  
- Drowning ☐  
- House fire ☐  
- Other known cause, specify:  

I certify that provisions of Cap. 75 have been observed.

| Name | Date | Signature |
|------|------|-----------|
| (Police Officer or Magistrate) | | |

| 13. NAME | 14. CAPACITY OF INFORMANT |
|----------|--------------------------|
| First Name | Middle Name |
| "Father's or husband's name" | Relative ☐ Village Elder ☐ Other, specify ☐ |

| 15. DATE |
|----------|
| Day/Month/Year |

| 16. SIGNATURE OF INFORMANT |
|---------------------------|
| (Name of Sub-location) |

| 17. DATE | 18. REGISTRATION ASSISTANT FOR |
|----------|------------------------------|
| Day/Month/Year | (Name of Sub-location) |

| 19. SIGNATURE |
|---------------|

**20. SUB-COUNTY**  
21. REGISTRATION No.  
22. DATE  
23. NAME  
24. SIGNATURE  

*If the deceased was a married woman, husband's name can be written, +cross the appropriate box, thus x*  

GPK (SP) 7105—30m Bks.—R/14