

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

FORM D2

PERMIT FOR BURIAL

Serial No. 1580946

1. NAME OF DECEASED FATUMA ALI MUSA
First Name Middle Name *Father's or husband's name
2. IDENTIFICATION /PASSPORT NUMBER 2234106
3. SEX: Male Female 5. AGE 69 YRS 6. DATE OF DEATH 31/12/2023
Years/Months/Days Day Month Year
9. USUAL RESIDENCE KWA MWESA NGAUINI, KIRINYAGA WEST.
Sub-location or estate name Sub-county

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

17. DATE 18/1/2024
Day/Month/Year

ASSISTANT CHIEF
NIGALIA SUB-LOCATION
P.O. Box 70, BARISSA.

18. SIGNATURE

PERMIT ISSUED TO (NAME) PETER SIMON NDEGWA NGAUWARA ID No. 13563518 SIGNATURE Peter Simon Ndegwa Nguawara

Note.— To obtain death certificate, present this permit to the Sub-county Registrar of Deaths in the Sub-county where this death occurred.