

To whom it may concern;

Dear Sir/Madam,



Name:

Surn	name	Middle Name	First Name
<mark>Sex:</mark> Male	Female	Other	

Death Certificate No. _____

Date of death:

D	D	М	М	Y	Y	Y	Y

Date of burial:

D	D	М	М	Y	Y	Y	Y

Place of burial: County		
Sub-county		
Ward		
Village		
Last residence: County		
Sub-County		
Ward		
Village		
The deceased left behind: A written will	An oral will	No will





Name of Spouse (s)	Alive (Yes/No)	ID Number	Year of Marriage/ Cohabitation	Place of Residence	Any supporting documents



Name	Alive (Yes/No)	ID Number	Age	Sex	Number of living children



Parents of the Deceased

Name of father (Dead or alive)

Name of mother (Dead or alive)

Any other details



Part E Other Dependants

Name	Alive (Yes/No)	ID Number	Age	Relationship with deceased	



LIST OF DECEASED ASSETS (House, Land, Shares, Money, e.t.c)

Asset/Property	Location	Estimated Value (Kshs)

Part G

Liabilities

LIST OF DECEASED LIABILITIES (Loans, Debt, Rent Arrears e.t.c)

Liabilities	Estimated Value (Kshs)



Part H	Remarks	