

Telephone: (030) 25 92 66 0

Fax: (030) 25 92 66 50

Email: immigration@kenyaembassyberlin.de

Website: www.kenyaembassyberlin.de



EMBASSY OF THE REPUBLIC
OF KENYA
Rheinbabenallee 49
14199 Berlin

CHECKLIST FOR REPLACEMENT OF LOST/DAMAGED BIRTH, MARRIAGE OR DEATH CERTIFICATES

IMPORTANT: *This document has to be submitted along with your application, to confirm that you have read and provided all of the necessary documents. This is a mandatory requirement. Failure to adhere to these requirements will lead to your application being rejected. Do not staple the documents.*

Processing time: 3 months or more

1. **Two (2)** duly filled search forms.
2. **Two (2)** photocopies of the lost/damaged birth/death certificate.
3. **Two (2)** photocopies of the photo page of the applicants' passport.
4. **Two (2)** photocopies of the applicants' National Identity Card.
5. A non-refundable fee of **10.00 Euro** for each certificate payable only by bank transfer (**Embassy of the Republic of Kenya, IBAN: DE63100400000266014004**) or EC-Debit card at the Embassy. Cash payments will not be accepted. **Overpaid amounts will not be refunded.** Enclose a copy of the bank transfer slip together with the application.
6. **For sending your confirmation letter (only for Germany):** A self-addressed, A4-size envelope with stamps and **Einschreiben – Einwurf** pre-registration.
7. **For sending your certificate (only for Germany):** A self-addressed, A4-size envelope with stamps and **Einschreiben – Rückschein** pre-registration.
8. **For applicants from outside Germany:** You will be notified via email to purchase a DHL international shipping transport label when your certificate is received from Kenya.

I hereby confirm that I have complied with all of the above stated requirements and I am fully aware that my application will be rejected for failure to comply with the above requirements.

Applicants Name

Full Address

Applicant Signature/Date

Telephone

Email

THE CONSULAR SECTION

GENERAL SEARCH FORM FOR REPLACEMENT OF BIRTH/DEATH CERTIFICATE

(PLEASE COMPLETE THIS FORM IN BLOCK LETTERS –DELETE WHERE APPROPRIATE & ATTACH A PHOTOCOPY OF THE ORIGINAL CERTIFICATE IF POSSIBLE FOR EASE OF REFERENCE)

GENERAL SEARCH	FILL IN THIS SECTION
NAME & ADDRESS OF APPLICANT	
TELEPHONE NUMBER	
FULL NAME OF CHILD AT TIME OF BIRTH If birth certificate is desired	
DECEASED If death certificate is desired	
PLACE OF BIRTH	
DATE OF BIRTH / DEATH	
FATHER'S FULL NAME	
MOTHER'S FULL NAME	
DATE OF REGISTRATION	
ENTRY NUMBER (THE FIGURE SHOWN WITHIN THE CERTIFICATE AT THE TOP LEFT HAND SIDE)	
OTHER PARTICULARS WHICH COULD HELP TO TRACE THIS ENTRY / ENTRIES	