

**STATUTORY INSTRUMENTS SUPPLEMENT**

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**S T A T U T O R Y   I N S T R U M E N T S**

**2015 No. 68.**

**THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015.**

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# S T A T U T O R Y I N S T R U M E N T S

2015 No. 68.

## **The Registration of Persons (Births and Deaths) Regulations, 2015.**

*(Under section 85 of the Registration of Persons Act, 2015)*

IN EXERCISE of the powers conferred upon the Minister responsible for internal affairs by section 85 of the Registration of Persons Act, 2015, these Regulations are made this 8th day of October, 2015.

### PART I—PRELIMINARY

#### **1. Title.**

These Regulations may be cited as the Registration of Persons (Births and Deaths) Regulations, 2015.

#### **2. Interpretation.**

In these Regulations, unless the context otherwise requires—

“Act” means the Registration of Persons Act, 2015;

“Authority” means the National Identification and Registration Authority established under the Act;

“Executive Director” means the Executive Director of the National Identification and Registration Authority;

“Minister” means Minister responsible for internal affairs;

“medical facility” includes a hospital, registered medical clinic, health unit, nursing home, maternity centre, specialised establishments, whether private or public, as well as government unit of a similar nature.

### PART II—REGISTRATION OF BIRTHS

#### **3. Register of births.**

(1) There is established a Register of births for the purposes of registering every birth occurring in Uganda.

(2) The Register of births shall form part of the National Identification Register.

(3) The Authority shall enter in, or cause to be entered, in the Register of births, the prescribed particulars of every birth occurring in Uganda.

(4) Notwithstanding subregulation (3), the Register of births shall contain the particulars of the parent of the child including the national identification number, where the parents are citizens and the alien identification number, where the parents are resident aliens.

(5) Where a parent of a child is a non citizen not required to register under the Act, the Register of births shall contain the particulars of that parent including the details of the passport or any other travel document.

(6) Where a parent of a child is a recognised refugee, the Register of births shall contain the details of the refugee.

(7) The Register of births shall be in Form 1 in the Schedule.

(8) For the purposes of subregulation (7), the form of the Register of births shall be in such a manner as to clearly indicate births of citizens, resident aliens, refugees and any other person whose child is born in Uganda.

(9) Notwithstanding subregulations (7) and (8), the Authority may maintain the Register in any other appropriate form including maintaining it as an electronic register.

#### **4. Authority to register births.**

(1) All births occurring in Uganda shall be registered by the Authority.

(2) For the purposes of subregulation (1), a registration officer in charge of a registration area shall register all births in the registration area, and the Authority may designate any person to assist the registration officer of an area to perform his or her functions under the Act and these Regulations.

(3) Every registration officer of an area where a birth occurs shall prepare and submit to the Authority, weekly returns of births in Form 2 in the Schedule.

## **5. Registration of births.**

(1) Every birth occurring in a designated registration area in Uganda shall be notified to the registration officer of the area in which the birth occurs.

(2) Subject to the Act, registration of every birth within Uganda is free and compulsory.

(3) A birth not registered immediately, shall not be registered unless the registration officer is satisfied as to the truth of the particulars of the birth and is directed to register the birth by the Executive Director and the prescribed fee is paid.

## **6. Duty of administrator of medical facility to record birth.**

(1) Every birth occurring in a medical facility shall be recorded by the administrator of the facility.

(2) The administrator referred to under subregulation (1) shall—

- (a) obtain particulars in regulation 8(2);
- (b) obtain the parent's signatures; and
- (c) file returns in the manner specified by the Authority, every week with the registration officer of the relevant registration area.

(3) For the avoidance of doubt, an administrator who records a birth under this regulation shall do so under the guidance of the registration officer of the area.

## **7. Duty to notify birth.**

(1) Where a birth occurs at home or in any other place other than a medical facility, it is the duty of the father or mother of the child to give notice of the birth to the registration officer of the registration area in which the birth occurs.

(2) Where the father or mother of the child is absent or is incapable of informing on the birth, it is the duty of the occupier of the house in which the child is born or the guardian or the person having charge of the child, or birth attendant or midwife who delivers the child, to give notice of the birth to the registration officer of the registration area in which the birth occurs.

(3) Where a birth occurs in a prison, orphanage, barracks or quarantine station, the officer in charge of the establishment in which the birth takes place shall notify the registration officer of the birth.

(4) For the purposes of section 33(2) of the Act, it is the responsibility of a person who finds a child whose parents are unknown or any person who is given to take care of such a child, to notify the birth of the child.

(5) Before a child is registered under subregulation (4), the person who finds the child shall report to the nearest police station where the child is found and obtain a police report stating the circumstances of the find.

(6) A birth shall be notified within thirty days of occurrence under this regulation.

## **8. Particulars to be contained in notification of birth.**

(1) A person whose duty it is to notify a birth shall give to the registration officer of the area in which the birth occurred the particulars in Form 3 in the Schedule.

(2) Notwithstanding subregulation (1), the particulars shall include the following—

- (a) in respect of the child born, the name, sex, date, any disability, weight at birth, place and district of birth;
- (b) in respect of the mother of the child, the name, age, marital status, residence, nationality, National Identification Number or Alien Identification Number for citizens and Aliens respectively, level of education, profession or occupation, and previous births;

- (c) in respect of the father of the child, the name, age, marital status, residence, nationality, National Identification Number or Alien Identification Number for citizens and Aliens respectively, level of education and profession or occupation; and
- (d) in respect of any other person notifying the birth, the name, nationality, National Identification Number or Alien Identification Number for citizens and Aliens respectively and signature of informant, and date of notification.

**9. Allocation of identification number on registration of birth.**

Subject to the Act, upon registration of every birth, the Authority shall allocate a National Identification Number to a child who is a citizen or Alien Identification Number to a child who is an alien.

**10. Certificate of birth.**

(1) The Authority shall, upon registration of a birth, issue a certificate in Form 4 in the Schedule.

(2) Notwithstanding subregulation (1), a certificate of birth shall contain the following—

- (a) information concerning the child which shall include—
  - (i) the name of the child;
  - (ii) the place of birth of the child;
  - (iii) the date of birth of the child;
  - (iv) the sex of the child;
  - (v) the nationality of the child;
  - (vi) the National Identification Number or Alien Identification Number of a child who is a citizen or alien, respectively.

- (b) information concerning the parents of the child which shall include the name, nationality, National Identification Number or Alien Identification Number for citizens and Aliens parents respectively.

(3) A certificate of birth shall be collected from the registration office of the area where the birth is registered.

#### PART V—CHANGE OF NAME

### **11. Change of name of adult.**

(1) In accordance with section 36 of the Act, the notice of intention to change name shall be in Form 5 in the Schedule.

(2) Within seven days after publication in the Gazette of the notice of intention to change name, a person intending to change his or her name shall apply to the registration officer in Form 6 in the Schedule to change the name.

(3) Notwithstanding subregulation (2), an application for change of name shall contain the following—

- (a) the person's name immediately before the application for registration of change of name and any other name used by the person, if any;
- (b) the place and date of birth;
- (c) the person's sex.

(4) An application under subregulation (2) shall be accompanied by the prescribed fee.

(5) Where the registration officer is satisfied that the requirements of this regulation have been carried out and upon payment of the prescribed fee, the registration officer shall amend the Register accordingly and shall sign and date the amendment.



(6) The amendment shall be effected by deleting the old name in the Register by ruling one clear line through it in such a manner that the name shall remain legible, and the new name shall be written above the old name and the registration officer shall then affix his or her signature and the date of making the alteration in the same column and shall quote the number of the regulation in the margin.

(7) An amendment under subregulation (5) may also be effected in the appropriate electronic format.

(8) Where a person is dissatisfied with any decision under this regulation, the person may apply for review to the identification and registration committee in the prescribed manner and form.

## **12. Change of name of child.**

(1) The parents or guardian of child under the age of eighteen years may apply to the registration officer of the registration area in which the birth of the child is registered to change the name of the child.

(2) The application shall be in Form 7 in the Schedule.

(3) Notwithstanding subregulation (2), an application for change of name shall contain the following—

- (a) the child's name immediately before the application for registration of change of name and any other name used by the person, if any;
- (b) the place and date of birth of the child;
- (c) the child's sex;
- (d) the details of the parents or guardian of the child.

(4) Where the registration officer is satisfied that the requirements of this regulation have been carried out and upon payment of the prescribed fee, the registration officer shall amend the Register accordingly and shall sign and date the amendment.

(5) Where a person is dissatisfied with any decision made under this regulation, the person may appeal to the identification and registration committee in the prescribed form and manner.

#### PART VI—CHANGE OF SEX

### **13. Registration of a child born a hermaphrodite.**

(1) Where a child born a hermaphrodite, after being registered, through an operation, changes from a female to a male or from a male to a female and the change is certified by a medical doctor, the registration officer shall, with the approval of the Executive Director and upon application of the parents or guardian of that child, update the particulars of the child, which appear on the Register.

(2) The application shall be in Form 8 in the Schedule and shall be accompanied by the prescribed fee.

#### PART VII—REGISTER OF DEATHS

### **14. Register of deaths.**

(1) There is established a Register of deaths for the purposes of registering every death occurring in Uganda.

(2) The Register of deaths shall form part of the National Identification Register established under the Act.

(3) The Authority shall enter in the Register, or cause to be entered in the register, the prescribed particulars of every death occurring in Uganda.

(4) The Register of deaths shall be in Form 9 in the Schedule.

(5) Notwithstanding subregulation (3), the Authority may maintain the Register in any other appropriate form including maintaining it as an electronic Register.

(6) For the purposes of keeping the National Identification Register up to date, the Authority shall record all deaths of citizens occurring outside Uganda.

**15. Authority to register deaths.**

(1) All deaths occurring in Uganda shall be registered by the Authority.

(2) For the purposes of subregulation (1), a registration officer in charge of a registration area shall register all deaths occurring in the registration area.

(3) Every registration officer of an area where a death occurs shall prepare and submit to the Authority, monthly returns of deaths in Form 10 in the Schedule.

**16. Registration of deaths.**

(1) Subject to subregulation (2), every death occurring in a designated registration area in Uganda shall be notified to the registration officer of the area in which the death occurs.

(2) In the case of a death occurring outside Uganda, the registration officer of the area where the person is to be buried shall be notified of such death in accordance with these Regulations and the registration officer shall record the death.

(3) Subject to the Act, registration of every death within Uganda is free and compulsory.

(4) A death shall be registered immediately it occurs and in any case, not more than three months from the date of its occurrence.

(5) A death not registered immediately, shall not be registered unless the registrar is satisfied as to the truth of the particulars of the death and is directed to register the death by the Executive Director and the prescribed fee is paid.

**17. Duty of administrator of medical facility to record death.**

(1) Every death occurring in a medical facility shall be recorded by the administrator of the facility.

- (2) The administrator referred to under subregulation (1) shall—
- (a) obtain particulars in regulation 20(2); and
  - (b) file returns every week with the registration officer of the relevant area.

(3) For the avoidance of doubt, an administrator who records a death under this regulation shall do so under the guidance of the registration officer of the area.

### **18. Registration of presumed deaths.**

(1) The Authority shall register all persons presumed dead in accordance with the Act.

(2) An application for an order of presumption of death under section 47(2) of the Act shall be by notice of motion in accordance with the Civil Procedure Rules.

(3) A presumed death shall be notified in accordance with regulation 19.

(4) An application to register a presumed death shall be in Form 11 in the Schedule.

(5) A person who is presumed dead under the Act and these regulations may apply to court, by notice of motion in accordance with the Civil Procedure Rules, to revoke the order.

(6) Once a court order is issued under subregulation (5), the person shall be deregistered from the Register of deaths.

### **19. Duty to notify death.**

(1) Where a death occurs at home or in any other place other than a medical facility, it is the duty of—

- (a) the next of kin or the relative of the deceased present at the time of death of the deceased;

- (b) in the absence of persons contemplated in paragraph (a), the next of kin or relative of the deceased dwelling or being in the same area as the deceased; or
- (c) in the absence of persons contemplated in paragraphs (a) and (b), the occupier of the house in which to the person's knowledge the death took place or an inmate of the house in which the death took place or any person finding or taking charge of the body of the deceased person or causing the body of the deceased person to be disposed of, in that order,

to give notice to the registration officer of the area in which the death took place.

(2) A death shall be notified within fourteen days of the occurrence of the death.

(3) The Authority may register a death after fourteen days, if the person required to notify the death, has reasonable grounds for not notifying the death within the stipulated time.

(4) A notification under this regulation shall be in Form 12 in the Schedule.

## **20. Particulars to be contained in notification of death.**

(1) A person whose duty it is to notify a death shall give to the relevant registration officer the particulars in Form 12 in the Schedule.

(2) Notwithstanding subregulation (1), the particulars shall include the following—

- (a) in respect of any death, the name, sex, date of death, place of death, date of birth;
- (b) the National Identification Number or Alien Identification Number, whichever is applicable; and

- (c) in respect of the informant, the name, capacity, nationality, National Identification Number or Alien Identification Number for citizens and Aliens respectively, whichever is applicable, and signature of informant, and date of notification.

(3) In the case of a death occurring outside Uganda, the person notifying the death shall produce to the registration officer the death certificate issued by the appropriate authority in the country in which the death occurred, with an English translation of the certificate, if it is not in English.

(4) Where the registration officer is satisfied with the information required under this regulation, the registration officer shall enter the particulars of the death in the register.

(5) Where a person is dissatisfied with any decision made under this regulation, the person may appeal to the identification and registration committee in the prescribed form and manner.

## PART IX—CERTIFICATE OF CAUSE OF DEATH AND CERTIFICATE OF DEATH

### **21. Certificate of cause of death.**

(1) A certificate of cause of death in accordance with section 46 of the Act shall be in Form 13 in the Schedule.

(2) A certificate of cause of death shall be forwarded by the administrator of the medical facility to the relevant registration officer within seven days of the occurrence of the death.

(3) In the case of a person who dies out of a medical facility, the certificate of cause of death shall be forwarded by the person who carries out the postmortem.

### **22. Certificate of death.**

(1) A certificate of death shall be in Form 14 in the Schedule.

(2) Notwithstanding subregulation (1), a certificate of death shall contain information concerning the deceased which shall include—

- (i) name;
- (ii) date of birth;
- (iii) place of birth;
- (iv) date of death;
- (v) place of death;
- (vi) sex;
- (vii) nationality;
- (viii) National Identification Number or Alien Identification Number of a deceased who is a citizen of Uganda and alien respectively;
- (ix) cause of death.

## PART XI—GENERAL

### **23. Extended period for registration.**

(1) After the expiration of the prescribed period for the registration of a birth or death, the relevant registration officer may, not later than one month after the lapse of the prescribed period, register the birth or death in accordance with these Regulations.

(2) After the expiration of the prescribed period for the notification of a birth or death, the relevant person required to notify shall, not later than one month after the lapse of the prescribed period, notify the birth or death in accordance with these Regulations.

(3) The registration or notification of a birth or death under this regulation shall not affect the liability, if any, for prosecution of any person under section 52.

### **24. Certified copies and searches.**

(1) An application for a certified copy under section 50 of the Act shall be in Form 15 in the Schedule and shall be accompanied by the prescribed fee.

(2) A person who wishes to conduct a search or obtain a copy of any entry in the Register under the custody of the Authority shall apply to the Authority in Form 16 in the Schedule and shall be accompanied by the prescribed fee.

(3) An application under subregulation (2) is subject to any enactment relating to privacy and access to information.

## **25. Registration areas.**

The registration areas for births and deaths shall be those gazetted by the Authority under section 58 of the Act.

## **26. Alteration of registers.**

(1) An alteration of the Register of births or deaths shall not be made, except as is authorised by the Act or these regulations.

(2) Notwithstanding subsection (1), the Authority may correct a clerical error or omission in the Register of births or deaths.

(3) The correction of a clerical error or omission shall be effected by ruling one clear line through the original entry and replacing it with the proper entry.

(4) An entry made under subregulation (2) shall be dated and authenticated by the signature of the Executive Director.

## **27. Revocation of certain statutory instruments.**

The following statutory instruments are revoked—

- (a) the Births and Deaths Registration Regulations, S.I No. 309-1;  
and
- (b) the Births and Deaths Registration (Division of Districts) Instrument, S.I No 309-2.





Form 2

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS) REGULATIONS, 2015

Regulation 4(3)

WEEKLY RETURN OF BIRTHS.

Return of births in the .....registration area for the week of .....in the month of .....20.....

Page No.	Date and time of birth	Place of birth	Name	Sex	Full name, address and occupation of father	National or alien identification of father	Full name, address and occupation of mother	National or alien identification of mother	Age of mother	Parity	Full name, occupation and residence of declarant, and in what capacity he or she gives information	When registered	Signature of registration officer	Other name, if added after registration of birth

I, \_\_\_\_\_, registration officer of..... Registration area, certify that this is a true copy of the Register of births within the registration area of .....from the entry of the birth of ..... No. \_\_\_\_\_ to the entry of the birth of \_\_\_\_\_ registration area for the week of .....in the month of .....20.....

Witness my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

### Form 3

## THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS) REGULATIONS, 2015.

Regulation 8(1)

### NOTICE OF BIRTH OF A CHILD

1. Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_
2. Place of birth— Name of medical facility \_\_\_\_\_  
\_\_\_\_\_ No. of house and name of street \_\_\_\_\_  
City, Municipality, town or village \_\_\_\_\_  
District \_\_\_\_\_
3. Name (if any) of child \_\_\_\_\_
4. Sex of child \_\_\_\_\_
5. Weight at birth \_\_\_\_\_

#### **Father—**

6. Name \_\_\_\_\_
7. Address (both physical and postal) \_\_\_\_\_
8. Occupation \_\_\_\_\_
9. Nationality \_\_\_\_\_
10. National Identification Number/Alien Identification Number\* \_\_\_\_\_

#### **Mother—**

11. Name \_\_\_\_\_
12. Maiden name \_\_\_\_\_
13. Address (both physical and postal) \_\_\_\_\_
14. Occupation \_\_\_\_\_
15. Age \_\_\_\_\_
16. Parity<sup>1</sup> \_\_\_\_\_

17. Nationality \_\_\_\_\_
18. National Identification Number/Alien Identification Number\* \_\_\_\_\_
19. Why was the birth not registered within the prescribed period? \* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ (name) \_\_\_\_\_, by  
 occupation residing at \_\_\_\_\_, in the district of  
 \_\_\_\_\_ in Uganda, declare that the information above,  
 given by me, is true and correct, that I know this of my own knowledge  
 and that my means of knowing this is (briefly state your means of  
 knowledge and the capacity in which you give this information) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed by \_\_\_\_\_ at \_\_\_\_\_ on this \_\_\_\_\_  
 day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Signature of Declarant*

In the presence of—  
 \_\_\_\_\_ (full name of witness)

Living at \_\_\_\_\_ (full address)

- N.B.—
- <sup>1</sup>All names must be written clearly in block capital letters.
  - <sup>2</sup> All alterations must be initialed.
  - <sup>1</sup>State whether the child is 1st, 2nd or 3rd, etc.
  - \* *delete whichever is not applicable.*

Form 4

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015

Regulation 10(1)

**Birth Certificate.**

Reg. No. \_\_\_\_\_

Surname \_\_\_\_\_ Other names \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Born in \_\_\_\_\_ Gombolola \_\_\_\_\_ County \_\_\_\_\_

National Identification Number or Alien Identification Number of child \_\_\_\_\_

Name of father\* \_\_\_\_\_

Nationality of father\* \_\_\_\_\_

National Identification Number or Alien Identification Number of father \_\_\_\_\_

Name of mother \_\_\_\_\_

Nationality of mother\* \_\_\_\_\_

National Identification Number or Alien Identification Number of mother \_\_\_\_\_

Issued on \_\_\_\_\_, 20 \_\_\_\_\_

By \_\_\_\_\_

Registration Officer

\*This certificate is not conclusive proof of the paternity of the child or of the nationality either of the father, mother or the child.

Form 5

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015.

*Regulation 11(1)*

**NOTICE OF INTENTION OF CHANGE OF NAME OF ADULT**

Notice is given that I, \_\_\_\_\_, is intending to apply to the Authority to change my name to \_\_\_\_\_. I intend to formally and absolutely renounce and abandon the use of the name \_\_\_\_\_ and assume and adopt in place of that/those name(s) the name of \_\_\_\_\_

Signed/Thumb marked \_\_\_\_\_ at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Signature of Applicant*

Form 6

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015.

*Regulation 11(2)*

To: The National Identification and Registration Authority,

**APPLICATION TO CHANGE A NAME OF CHILD.**

Notice is given that I, \_\_\_\_\_,  
formerly called and known by the name of \_\_\_\_\_,  
give public notice that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I  
formally and absolutely renounced and abandoned the use of my former name(s)  
of \_\_\_\_\_ and assumed and adopted in place of  
that/ those name(s) the name of \_\_\_\_\_

This is to request that the Register be updated accordingly.

Signed/Thumb marked \_\_\_\_\_ at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Applicant*

Form 7

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015.

*Regulation 12(2)*

**APPLICATION TO CHANGE NAME OF A CHILD.**

To: The National Identification and Registration Authority,

I/We, \_\_\_\_\_ of \_\_\_\_\_ (parish),  
in the subcounty of \_\_\_\_\_, \_\_\_\_\_ county  
\_\_\_\_\_ in the district of \_\_\_\_\_ being  
the parent(s)/guardian(s) (include national identification number)\* of a  
child named \_\_\_\_\_, aged \_\_\_\_\_, apply that the name  
of \_\_\_\_\_ be changed to that of \_\_\_\_\_  
\_\_\_\_\_ as from the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed/Thumb marked \_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

In the presence of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* *delete whichever is not applicable.*



Form 8

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015

*Regulation 13(2)*

**APPLICATION TO UPDATE REGISTER AFTER OPERATION OF  
HERMAPHRODITE**

To: The National Identification and Registration Authority,

The Registration Officer

I ..... (name) of.....(address), National Identification  
Number/ Alien Identification Number.....being the parent or guardian\*  
of .....(name of child) aged.....years, National Identification  
Number.....previously registered as a.....  
(state sex), having undergone a successful operation, apply that the Register be  
updated with the following details-

Name..... (state new name)

Sex..... (state sex after operation).

Dated at.....this.....day of.....20.....

Signed by.....  
applicant

In the presence of.....  
witness.



THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS) REGULATIONS, 2015

Regulation 15(3)

**Monthly Return of Deaths.**

Return of death in the subcounty/city/municipality/township of \_\_\_\_\_ for the month of \_\_\_\_\_ 20.....  
 county of \_\_\_\_\_ in the district of \_\_\_\_\_

Page No.	Date and time of death	Place of death	Full name	Age	Sex	Address and occupation	National Identification No./Alien Identification No.	Nationality	Cause of death	Whether cause of death medically certified-yes/no	Full name, occupation and residence of declarant and in what capacity he or she gives information	When registered	Signature of registration officer

I, \_\_\_\_\_, registration officer of \_\_\_\_\_ subcounty/ city/municipality/township, district of \_\_\_\_\_, certify that this is a true copy of the Register of Deaths within that subcounty/city/municipality/township/hospital, from the entry of the death of \_\_\_\_\_ No. \_\_\_\_\_ to the entry of the death of \_\_\_\_\_ No. \_\_\_\_\_ and that it contains a copy of the entry of all deaths registered in that subcounty/city/ municipality/township/hospital for the month of \_\_\_\_\_, 20 \_\_\_\_.

Witness my hand, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
*Registration officer*

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015.

Regulation 18(4)

**APPLICATION TO REGISTER PRESUMED DEATH**

The Registration Officer

I.....(name of applicant) of.....(address), National Identification Number/ Alien Identification Number.....being the parent or next of kin (state relationship with the person presumed dead) of .....(name of person presumed dead) aged.....years, National Identification Number....., apply to register a presumption of death order No.....dated.....day.....of.....(attach copy of order).

Dated at.....this.....day of.....20.....

Signed by.....applicant

In the presence of.....witness.

Form 12

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015.

*Regulations 19(4), 20(1)*

**NOTIFICATION OF DEATH**

1. Name (in full) of deceased \_\_\_\_\_
2. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Date of death \_\_\_\_\_ Time of death \_\_\_\_\_
4. Place of death— Name of hospital \_\_\_\_\_
5. No. of house and name of street \_\_\_\_\_  
City, Municipality, town or village District \_\_\_\_\_
6. Sex \_\_\_\_\_
7. Age \_\_\_\_\_
8. Occupation \_\_\_\_\_
9. Residence \_\_\_\_\_
10. Nationality \_\_\_\_\_
11. National Identification Number or Alien Identification Number \_\_\_\_\_
12. Cause of death \_\_\_\_\_
13. If a dead body is found, also the name and address of the finder and narrate shortly the circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. If name unknown, give full description for purposes of identification \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Why was the death not registered within the prescribed period? \* \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, by occupation a \_\_\_\_\_, residing at \_\_\_\_\_, in the district of \_\_\_\_\_ in Uganda, declare that the information above, given by me, is true and correct, that I know this of my own knowledge and that my means of knowing this is (briefly state the means of knowledge and the capacity in which you give this information) \_\_\_\_\_

\_\_\_\_\_

Signed by \_\_\_\_\_ at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
*Signature of Notifier*

In the presence of—

\_\_\_\_\_ (name of witness)

Living at \_\_\_\_\_ (full address)

\_\_\_\_\_  
*Signature of Witness*

*\*delete whichever is not applicable.*

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015

Regulation 21(1)

**CERTIFICATE OF CAUSE OF DEATH**

I, \_\_\_\_\_, (name of medical officer)  
of.....(name and address of hospital) have been attending  
to .....(name of deceased) for the  
last.....(state period) and who died on.....in  
the month of .....2..... and certify to the best of my knowledge and  
belief that the cause of his or her death was.....  
.....  
.....  
.....

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of medical officer.*

\*The fields in the Form may be modified to deal with causes of deaths occurring outside a medical facility.

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015

*Regulation 22(1)*

**DEATH CERTIFICATE.**

Reg. No. \_\_\_\_\_

1. Surname \_\_\_\_\_
2. Other names \_\_\_\_\_
3. Age \_\_\_\_\_
4. Sex \_\_\_\_\_
5. Address \_\_\_\_\_
6. Occupation \_\_\_\_\_
7. Nationality\* \_\_\_\_\_
8. National Identification No. /Alien Identification No.....
9. Date of death \_\_\_\_\_
10. Place of death \_\_\_\_\_
11. Cause of death\* \_\_\_\_\_
12. Whether cause of death medically certified— Yes / No

Issued on \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
*Registration officer*

\*This certificate is not conclusive evidence of nationality and cause of death.



THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015

*Regulation 24(1)*

**APPLICATION FOR A CERTIFIED COPY OF ENTRY IN THE  
REGISTER OF BIRTH AND DEATH**

I hereby apply for a certified copy of an entry in the birth or death\* Register in respect of .....(State name) registered on.....day of.....20.....

I have paid the prescribed fee for a copy of an entry (*proof of payment is attached*).

Dated this.....day of.....20.....

Signed .....  
*Applicant*

**\* delete whichever is not applicable.**

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)  
REGULATIONS, 2015

*Regulation 24(2)*

**APPLICATION TO INSPECT REGISTER/ OBTAIN  
A COPY OF ENTRY IN REGISTER**

Birth Register/Death Register\*

Registration of birth/death of..... (State name and date, if known of the registration)

I HEREBY APPLY to inspect the register/ obtain a copy of entry in the Register\* relating to the above subject matter.

Signature.....

Address.....

Date.....

**CONDITIONS**

1. Persons inspecting the Register may take brief notes, but no document shall be copied unless specifically authorised to obtain copies.
2. In no circumstances may any note or mark be made on any Register, document or file produced for inspection.

## **Cross Reference**

Civil Procedure Rules SI No.71-1.  
Local Governments Act Cap 243

**JAMES BABA,**  
*Minister of State for Internal Affairs.*