



REPUBLIC OF KENYA

Huduma
NAMBA
Kwa Huduma Bora

FORM: HN001

Digital
photoDATE
D D M M Y Y Y Y

Serial Number: _____

DIGITAL DATA CAPTURE FORM

(If a child's Age < 6yrs fill the Bio Data Information, Birth Certificate /Notification Entry No, Parent's Details and Exit!)

Bio Data Information					
Name: First Name		Middle Name		Surname	
Name: <input type="text"/>		<input type="text"/>		<input type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y		
Place of Birth Details					
Country:	County:	Sub-County:	Division:	Location:	Sub-Location:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability					
Are you living with disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify: _____		Disability Registration Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Citizenship Information					
Citizen			Non-Citizen		
ID/No. <input type="text"/>	Birth Certificate Entry No. <input type="text"/>	Nationality:	Country of Origin:		
NHIF No. <input type="text"/>	Driver's Licence No. <input type="text"/>	Passport No. <input type="text"/>	Alien ID. No./Refugee No. <input type="text"/>		
NSSF No. <input type="text"/>	KRA PIN No. <input type="text"/>	(Expiry date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	(Expiry date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y		
Passport No. <input type="text"/> (Expiry date) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y			Status: <input type="checkbox"/> Work Permit <input type="checkbox"/> Special Pass <input type="checkbox"/> Dependant Pass <input type="checkbox"/> Pupil Pass <input type="checkbox"/> Intern <input type="checkbox"/> Refugee <input type="checkbox"/> Asylum <input type="checkbox"/> Stateless <input type="checkbox"/> Other		
Marital Status		Spouse Details		ID/Passport No.	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse Name First Name	Middle Name	Surname	<input type="text"/>
		1.			<input type="text"/>
		2.			<input type="text"/>
		3.			<input type="text"/>
		4.			<input type="text"/>
		5.			<input type="text"/>
Parents/Guardian Details					
Father's Name:	First Name	Middle Name	Surname	<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	ID/No. / Passport No. <input type="text"/>
Mother's Name:	First Name	Middle Name	Surname	<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	ID/No. / Passport No. <input type="text"/>
Guardian Individual Name:	First Name	Middle Name	Surname	<input type="checkbox"/> Deceased <input type="checkbox"/> Alive	ID/No. / Passport No. <input type="text"/>
Guardian Institution Name:	Name				Registration No. <input type="text"/>

