

# STAR HOSPITAL

MORTUARY REGISTER NO. ....

NAME OF THE DECEASED: .....

ADMISSION FEE: ..... KSHS. JULIET TATU KIWIRENGE  
2000

BODY BROUGHT BY: SAMUEL K

BODY BROUGHT FROM: KATIOWANI TIME: 6:30 PM

IDENTIFICATION NO. 4970138

CONTACTS: 07089356

SIGNATURE: [Signature] DATE: 17/12/2014

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

FORM D2

Serial No. D2A 068485

PERMIT FOR BURIAL

1. NAME OF DECEASED JULIET TATU LAWRENCE  
First Name Middle Name Father's or Husband's name

2. IDENTIFICATION / PASSPORT NUMBER N/A

4. SEX Male  Female  5. AGE 13 6. DATE OF DEATH 10/12/14  
Years Months Days Day Month Year

9. USUAL RESIDENCE LAKONENI  
Sub-location or estate and town

17. DATE 17-12-14 18. REGISTRATION ASSISTANT FOR: SAMUEL K. KATANA SIGNATURE: [Signature]  
Day Month Year (Name of Sub-location)

PERMIT ISSUED TO (Name) SAMUEL K. KATANA ID No. 4970138 SIGNATURE: [Signature]  
Note - To obtain death certificate, present this permit to the District Registrar of Deaths where this death occurred.



## STAR HOSPITAL

OFF JOMO KENYATTA AVENUE,  
P.O. BOX 677 - 80200 MALINDI, KENYA.  
TEL: 042 2120910, FAX: 042 2130762  
E-mail: starhosp@hotmail.com

o. 448

Date 20-12-14

RECEIVED from LAWRENCE THOYA

the sum of Shillings SEVEN THOUSAND

TWO HUNDRED ONLY

being payment of MORTUARY CHARGES

for JULIET TATU LAWRENCE

voice No. 316/12/14

With Thanks

Kshs. 7200/-

Cash / Cheque No. ....

For: Star Hospital

COAST PROVINCIAL GENERAL  
HOSPITAL  
P. O. BOX 90231-80100  
MOMBASA - KENYA  
TEL: 041-2314204/5

RECEIPT

Receipt No: <u>1923225</u>	Date: <u>2014-12-17 @ 15:46:41</u>
Name: <u>Juliet Tatu</u>	Qty: <u>1</u>
Amount: <u>2,500.00</u>	Amount: <u>2,500.00</u>
Amount: <u>2,500.00</u>	Amount: <u>2,500.00</u>
Payable: <u>CASH</u>	By: <u>[Signature]</u>