### GOVERNMENT NOTICE

#### DEPARTMENT OF HOME AFFAIRS

No. R. 128 26 February 2014

#### **BIRTHS AND DEATHS REGISTRATION ACT, 1992**

#### REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2014

The Minister of Home Affairs has, in terms of section 32 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), made the Regulations in the Schedule.

#### **SCHEDULE**

#### **Definitions**

- 1. In these regulations any word or expression to which a meaning has been assigned in the Act shall have that meaning and, unless the context otherwise indicates—
- "Children's Act" means the Children's Act, 2005 (Act No. 38 of 2005);
- "informant" means a person who gives notice of death under regulation 14;
- "funeral undertaker" means a person who is designated as such in terms of section 22A of the Act:
- "identity document" means an identity document or card issued in terms of the Identification Act:
- "Identification Act" means the Identification Act, 1997 (Act No. 68 of 1997);
- "Immigration Act" means the Immigration Act, 2002 (Act No. 13 of 2002);
- "Inquests Act" means the Inquests Act, 1959 (Act No. 58 of 1959);
- "inspectorate" means the inspectorate established in terms of section 33(1) of the Immigration Act;
- "late registration of birth" means a notice of birth given after the expiry of the period of 30 days contemplated in section 9(3A) of the Act;
- "medical practitioner" means a person registered as a medical practitioner under the Health Professions Act, 1974 (Act No. 56 of 1974) and who has a valid practice number issued by the relevant health professions council;
- "national population register" means the population register contemplated in section 5 of the Identification Act;
- "non-South African citizen" means a person who holds a valid temporary residence visa contemplated in sections 11 to 23 of the Immigration Act, and includes an asylum seeker or refugee issued with a permit in terms of section 22 or 24 of the Refugees Act;
- "Refugees Act" means the Refugees Act, 1998 (Act No. 130 of 1998);

"South African Citizenship Act" means the South African Citizenship Act, 1995 (Act No. 88 of 1995);

"the Act" means the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992); and "valid passport" means a valid passport as contemplated in regulation 2 of the Regulations made under the Immigration Act.

#### Powers and duties of Director-General

- 2.(1) Subject to the provisions of the Act, the Director-General shall—
  - (a) safeguard and take charge of, and subject to the provisions of section 6(1) of the Act, preserve all books, registers, forms, notices, records and any other document of which he or she is the custodian, or which is required to be furnished to him or her, in terms of the Act or these Regulations;
  - (b) keep supplies of forms, certificates, notices, registers and any other document required to be used with regard to the implementation of the provisions of the Act and these Regulations with a view to supply such forms, certificates, notices, registers or any other document to any person contemplated in section 4(1) of the Act; and
  - (c) receive from informants and persons referred to in section 4(1) of the Act, the completed registers, forms, notices or any other documents accompanied by supporting declarations and certificates, where prescribed, and verify such documents.
- (2) If a birth has been registered twice in the national population register, the Director-General shall cancel one of the two registrations.
- (3) The Director-General must reject a notice of birth or death if he or she is satisfied that the notice—
  - (a) is not in compliance with the Act;
  - (b) contains information that is inaccurate or cannot be verified; or
  - (c) amounts to misrepresentation or fraud.
- (4) Where the notice of birth is rejected, the Director-General shall cause the rejected notice to be safely stored as part of the records of the Department.
- (5) Where it appears to the Director-General that any person has knowingly made any false statement relating to any notice in terms of the Act, he or she must lay a charge or cause a charge to be laid against such person as contemplated in section 31(1)(b) of the Act.

#### **REGISTRATION OF BIRTHS**

#### Notice of birth for children born of South African citizens

- **3.**(1) Any South African citizen must give notice of the birth of his or her child within 30 days of the birth as contemplated in subregulation (3).
- (2) Where both parents of a child whose birth is sought to be registered in terms of subregulation (1) are deceased, the notice of birth must be made by the next-of-kin or legal guardian of the child.

- (3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA-24 illustrated in Annexure 1A and be accompanied by—
  - (a) proof of birth on Form DHA-24/PB illustrated in Annexure 1D attested to by a medical practitioner who—
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b) an affidavit attested to by a South African citizen who witnessed the birth of the child where the birth occurred at a place other than a health institution on Form DHA–24/PBA illustrated in Annexure 1E;
  - (c) biometrics, in the form of a palm, foot or fingerprint of the child whose birth is sought to be registered in the appropriate space on Form DHA–24 illustrated in Annexure 1A;
  - (d) fingerprints of the parents, which shall be verified online against the national population register: Provided that where the fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on Form DHA-24/A illustrated in Annexure 1C:
  - (e) a certified copy of the identity document of the biological or adoptive mother or father or both parents of the child whose birth is sought to be registered, as the case may be:
  - (f) a certified copy of a valid passport and visa or permit, where one parent is a non-South African citizen;
  - (g) where applicable, a certified copy of a death certificate of any deceased parent;
  - (h) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered;
  - (i) where applicable, a certified copy of the identity document or valid passport and visa or permit of the next-of-kin or legal guardian; and
  - (j) where applicable, Form DHA-288/B illustrated in Annexure 2C.
- (4) Where a woman gives birth to more than one child during a single confinement, a notice of birth referred to in subregulation (1) must be given for each child on a separate Form DHA–24 illustrated in Annexure 1A with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded on this Form.
- (5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

#### Late registration of birth of children of South African citizens

- **4.**(1) A notice of birth given later than 30 days after the birth but before the child is older than one year, shall be given in accordance with subregulation (3).
- (2) Where both parents of a child whose birth is sought to be registered in terms of subregulation (1) are deceased, the notice of birth must be given by the next-of-kin or legal guardian of the child.

- (3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA-24/LRB illustrated in Annexure 1B and be accompanied by—
  - (a) proof of birth on Form DHA-24/PB illustrated in Annexure 1D attested to by a medical practitioner who
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b) an affidavit attested to by a South African citizen who witnessed the birth of the child where the birth occurred at a place other than a health institution on Form of DHA–24/PBA illustrated in Annexure 1E:
  - (c) biometrics, in the form of a palm, foot or fingerprint, of the child whose birth is sought to be registered in the appropriate space on Form DHA–24 illustrated in Annexure 1A;
  - (d) fingerprints of the parents, which shall be verified online against the national population register: Provided that where the fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on form DHA-24/A illustrated in Annexure 1C;
  - (e) a certified copy of the identity document of the biological or adoptive mother or father or both parents of the child whose birth is sought to be registered, as the case may be;
  - (f) a certified copy of a valid passport and visa or permit, where one parent is a non-South African citizen;
  - (g) where applicable, a certified copy of the death certificate of any deceased parent;
  - (h) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered;
  - (i) where applicable, a certified copy of the identity document or valid passport and visa or permit of the next-of-kin or legal guardian;
  - (j) Form DHA-288/A illustrated in Annexure 2A;
  - (k) where applicable, Form DHA-288/B illustrated in Annexure 2C; and
  - (I) proof of payment of the applicable fee.
- (4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA–24 illustrated in Annexure 1A with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.
- (5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

### Late registration of birth of children older than one year born of South African citizens

- **5.**(1) A notice of birth for a child or a person who is older than one year must be made by the biological parents of the child or a person as contemplated in subregulation (3).
- (2) Where both parents of a child or person whose birth is sought to be registered in terms of subregulation (1) are deceased, the notice of birth must be given by the next-of-kin or legal

guardian of the child or person: Provided that where the person whose birth is sought to be registered is 18 years or older, such a person may give notice of his or her own birth.

- (3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA-24/LRB illustrated in Annexure 1B and be accompanied by-
  - (a) proof of birth on Form DHA-24/PB illustrated in Annexure 1D attested to by a medical practitioner who
    - attended to the birth; or
    - examined the mother or the child after the birth of the child; (ii)
  - an affidavit attested to by a South African citizen who witnessed the birth of the child or the person where the birth occurred at a place other than a health institution on Form DHA-24/PBA illustrated in Annexure 1E;
  - (c) biometrics, in the form of a palm, foot or fingerprint, of any child younger than 7 years whose birth is sought to be registered in the appropriate space on Form DHA-24 illustrated in Annexure 1A:
  - (d) fingerprints of the parents and the child or person who is 7 years or older, which shall be verified online against the national population register: Provided that where the parents, or the child or the person's fingerprints cannot be verified online, the full set of fingerprints of the parents, the child or the person shall be taken on Form DHA-24/A illustrated in Annexure 1C;
  - two recent identity size photographs of a child or person who is 7 years or older, affixed to the appropriate space on Form DHA-24/A illustrated in Annexure 1C;
  - a certified copy of the identity document or passport and visa or permit of the parents of the child or person whose birth is sought to be registered, where one of the parents is a non-South African citizen;
  - (g) where applicable, a certified copy of the death certificate of any deceased parent of the child or person;
  - where applicable, a certified copy of the marriage certificate of the parents of the (h) child or person;
  - where applicable, a certified copy of the identity document or passport and visa or permit of the next-of-kin or legal guardian of the child or person;
  - (j) Form DHA–288/A illustrated in Annexure 2A;
  - (k) Form DHA-288 illustrated in Annexure 2B;
  - (I) where applicable, Form DHA-288/B illustrated in Annexure 2C; and
  - (m) proof of payment of the applicable fee.
- (4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA-24 illustrated in Annexure 1A with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.
- (5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

#### Verification, approval or rejection of notice of birth

- **6.**(1) Upon approval of a notice of birth given in accordance with regulations 3,4 and 5 the Director-General must issue to the parents—
  - (a) a birth certificate on Form DHA-5 illustrated in Annexure 4; or
  - (b) an acknowledgement of receipt on Form DHA–25 illustrated in Annexure 3, if, for any reason, the birth certificate cannot be issued immediately.
- (2) Any person who is issued with a birth certificate must verify the information contained therein and if found to be incorrect must, within 7 days of receipt of the birth certificate, return such birth certificate to the Director-General for rectification as contemplated in section 7 of the Act.
- (3) The Director-General must, in respect of each notice of birth contemplated in regulations 3, 4 and 5, authenticate the veracity of the information furnished to him or her and either approve or reject the notice.
- (4) For the purposes of subregulation (3), the Director-General may prior to approval of notice of birth contemplated in regulation 3, 4 or 5 cause any person who gives the notice or supported such notice to be interviewed by a screening committee established by him or her.
- (5) The screening committee must, after interviewing all relevant persons relating to the information contained in the notice, make recommendations to the Director-General who shall consider and approve or reject the notice.
- (6) Where it is apparent from a notice of birth that the child or the person whose birth is sought to be registered is a non-South African citizen, the Director-General may deal with the notice as contemplated in regulation 8.
- (7) The date of birth or identity number allocated to a child or person whose notice of birth was approved as contemplated in subregulation (1) may not be rectified after the period contemplated in subregulation (2).
- (8) Where a notice of birth is rejected, the Director-General shall inform the parents, in writing, of the rejection of the notice.
- (9) If at any time after a birth certificate has been issued it becomes apparent that the birth certificate was issued erroneously to any person, the Director-General must cancel the birth registration, birth certificate and any other documents, including an identity document or passport issued to the holder of such birth certificate.

#### Notice of birth of children born of permanent residents and refugees

- 7.(1) Regulations 3, 4, 5 and 6 shall apply with the necessary changes to persons who hold permanent residence status in terms of section 26 or 27 of the Immigration Act and to persons who hold refugee status in terms of section 24 of the Refugees Act.
- (2) Upon approval of a notice of birth, the Director-General must issue to the parents a birth certificate with an identity number for holders of a valid—
  - (a) permanent residence permit issued in terms of the Immigration Act, on a Form DHA–19 illustrated in Annexure 24, as contemplated in terms of section 7(2)(b) of the Identification Act; or

(b) refugee permit issued in terms of section 24 of the Refugees Act, on Form DHA-19 illustrated in Annexure 24, as contemplated in terms of section 7(2)(b) of the Identification Act.

#### Notice of birth of children born of parents who are non-South African citizens

- **8.**(1) A notice of birth of a child born of parents who are non-South African citizens and who are not permanent residents or refugees must be given as contemplated in subregulation (3) by either parent of the child within 30 days of the birth of the child in the Republic.
- (2) Where the parents of the child whose birth is sought to be registered as contemplated in subregulation (1) are deceased, the notice of birth may be given by the next-of-kin or legal guardian of the child.
- (3) A notice of birth referred to in subregulation (1) must be given to the Director-General on Form DHA–24 illustrated in Annexure 1A and be accompanied by—
  - (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1D attested to by a medical practitioner who—
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b) an affidavit attested to by a person who witnessed the birth of the child where the birth occurred at a place other than a health institution on Form DHA–24/PBA illustrated in Annexure 1F;
  - (c) a certified copy of a valid passport and visa or permit of the mother or father, or both parents, of the child, as the case may be;
  - (d) where applicable, a certified copy of the valid identity document or passport and visa or permit of the next-of-kin or legal guardian;
  - (e) where applicable, a certified copy of an asylum seeker permit issued in terms of section 22 of the Refugees Act of the mother or father or both biological parents of the child;
  - (f) where applicable, a certified copy of the death certificate of any deceased parent of the child;
  - (g) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered;
  - (h) where applicable, Form DHA-288/B illustrated in Annexure 2C; and
  - (i) proof of payment of the applicable fee.
- (4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA–24 illustrated in Annexure 1A with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.
- (5) Upon approval of a notice of birth, the Director-General must issue to the parents a birth certificate without an identity number on Form DHA–19 illustrated in Annexure 24, in terms of section 5(3) of the Act.

#### Notice of birth of abandoned or orphaned children

- **9.**(1) A notice of birth of an abandoned or orphaned child in terms of section 12 of the Act must be given on Form DHA–24 illustrated in Annexure 1A by a social worker within 60 days of obtaining a court order in terms of section 156 of the Children's Act, and must be accompanied by—
  - (a) a court order issued by the children's court;
  - (b) a certified copy of the identity document or valid passport and visa or permit of the social worker;
  - (c) where available, a certified copy of the identity document or passport and visa or permit of the parents of the child;
  - (d) where available, a certified copy of the death certificate of the parents of the child; and
  - (e) a social workers' report that was presented to the children's court.
- (2) Where it is apparent from a notice of birth that the child whose birth is sought to be registered in terms of the court order is a non-South African citizen, the Director-General may deal with the notice as contemplated in regulation 8 and inform the relevant children's court accordingly.
- (3) The social worker who submits a notice of birth of a child referred to in subregulation (1), must give a name or surname, or both name and surname, to that child if the name or surname or both name and surname have not been given to the child.
- (4) A birth certificate issued in terms of section 12 of the Act must contain the particulars of the parents of the child where such particulars are known.

#### Recording of adoption in birth register

- **10.**(1) An application for recording of adoption referred to in section 27B of the Act must be made by the adoptive parents, within 90 days of the registration of the adoption order by the adoption registrar, on Form DHA–1773 illustrated in Annexure 13.
- (2) The application contemplated in subregulation (1) must be supported by the documentation referred to in section 245 of the Children's Act, which are—
  - (a) a certified copy of the adoption order:
  - (b) a certified copy of the original birth certificate of the child; and
  - (c) where applicable, proof of payment of the applicable fee.
- (3) Upon approval of the application to record the adoption of the child on the birth register, the old identity number of the adopted child must be blocked and marked and a new identity number issued, together with a corresponding birth certificate recording the names of the adoptive parents.

#### Birth outside Republic

- **11.**(1) A notice of birth given for a child born of South African citizens outside the Republic as contemplated in section 13 of the Act shall be on Form DHA–24 illustrated in Annexure 1A and be accompanied by—
  - (a) Form DHA-529 illustrated in Annexure 5; and

- (b) an unabridged birth certificate or other similar document issued by the relevant authority in the country where the birth occurred.
- (2) A notice of birth contemplated in subregulation (1) must comply with the requirements as set out in regulation 3, 4 or 5, as the case may be.
- (3) A notice of birth contemplated in subregulation (1) must be given to the Head of a South African diplomatic or consular mission or to any district or regional office of the Department in the Republic.
- (4) The Director-General must, in respect of each notice received in terms of this regulation, determine the citizenship of the parents in accordance with the provisions of the South African Citizenship Act, and if one of the parents is a South African citizen, register the birth in terms of section 5(2) of the Act and issue a birth certificate to the parents.
- (5) Any person who, in terms of section 6 of the South African Citizenship Act, has lost and subsequently applied for resumption of his or her South African citizenship and requires his or her child to be registered in terms of this regulation, must give such notice in the Republic.

#### CHILDREN BORN OUT OF WEDLOCK

#### Notice of birth of child born out of wedlock

- **12.**(1) A notice of birth of a child born out of wedlock shall be made by the mother of the child on Form DHA-24 illustrated in Annexure 1A or Form DHA-24/LRB illustrated in Annexure 1A, whichever applicable.
- (2) The person who acknowledges that he is the father of the child born out of wedlock must—
  - (a) enter his particulars and sign on Part D of Form DHA-24 illustrated in Annexure 1A or on Part D of Form DHA-24/LRB illustrated in Annexure 1B, as the case may be, at the offices of the Department and in the presence of an official of the Department as contemplated in section 10(1)(b) of the Act;
  - (b) submit an affidavit on Form DHA-288/C illustrated in Annexure 2D in which he-
    - (i) states his relationship to the mother; and
    - (ii) acknowledges paternity of the child; and
  - (c) have his fingerprints verified online against the national population register: Provided that in the event of the father being a non-South African citizen, he must submit a certified copy of his valid passport and visa or permit, permanent residents identity document or refugee identity document.

#### Amendment of birth registration of child born out of wedlock

- **13.**(1) An application for an amendment of birth registration referred to in section 11(1) of the Act shall be made on Form DHA–59 illustrated in Annexure 7.
- (2) The Director-General must upon the approval of the application contemplated in subregulation (1), amend the registration of the birth and issue a new birth certificate in accordance with the said application.

# Application for insertion of unmarried father's particulars in birth register of child born out of wedlock

- **14.**(1) An application for the insertion of the father's particulars in terms of section 11(4) of the Act shall be made on Form DHA–1682 illustrated in Annexure 6.
- (2) An application contemplated in subregulation (1) made by a person who is a non-South African citizen shall be accompanied by original paternity test results, not older than 3 months, from an institution designated by the Director-General confirming that such person is the biological father of the child.
- (3) The Director-General must authenticate the veracity of the information furnished to him or her in respect of the application contemplated in subregulation (1) before approving the application.
- (4) Upon approval of the application, the Director-General must record the particulars of the person as the father of the child on the birth register of the child and issue to such person—
  - (a) a birth certificate on Form DHA-5 illustrated in Annexure 4; or
  - (b) an acknowledgement of receipt on Form DHA–25 illustrated in Annexure 3, if, for any reason, the birth certificate cannot be issued immediately.

#### AMENDMENTS OR ALTERATIONS

#### Alteration of particulars of registered father of child born out of wedlock

- **15.**(1) Any person who requires to alter the particulars of a father whose particulars already appear in the birth register of a child as the father as contemplated in sections 10(1)(b) and 11(4) of the Act, shall submit an application on Form DHA–1682 illustrated in Annexure 6, supported by conclusive proof contemplated in subregulation (2).
- (2) The conclusive proof contemplated in subregulation (1) shall be in the form of original paternity test results not older than 3 months, obtained at the cost of the applicant from an institution designated by the Director-General.

#### Alteration of forename

- **16.**(1) An application for the alteration of a forename referred to in section 24 of the Act must be made on Form DHA–85 illustrated in Annexure 8.
- (2) A person of age who, in terms of section 24 of the Act, has previously applied for and was granted a change of a forename, may not thereafter apply for a subsequent change of his or her forename, unless—
  - (a) there are exceptional circumstances, which circumstances must be clearly stated and attested to in the Form of an affidavit; or
  - (b) his or her forename was initially changed whilst he or she was still a minor.
- (3) The identity number of a person who has altered his or her forename in terms of section 24 of the Act may not be amended.

#### Alteration of surname of minor

**17.**(1) An application for the alteration of a surname of a minor referred to in section 25 of the Act must be made on Form DHA–193 illustrated in Annexure 9.

- (2) Despite the alteration of a surname of a minor, the recorded particulars of the biological father must not be amended on the birth certificate of the minor except upon approval of the application made in terms of regulation 11, 12 or 13, or where the minor is the subject of an adoption order or a court order has been granted to that effect.
- (3) The identity number of a minor whose surname has been altered in terms of section 25 of the Act may not be amended.

#### Assumption of another surname

- **18.**(1) An application for assumption of another surname referred to in section 26 of the Act by a person of age must be made on Form DHA–462 or DHA–196 illustrated in Annexure 10 and Annexure 11, as the case may be.
- (2) The reasons referred to in section 26(2) of the Act must relate to—
  - (a) a change in the marital status of a woman;
  - (b) assumption by a person of his or her biological father's surname, where the father has recently acknowledged paternity in terms of regulation 13 or 14; or
  - (c) protection of a person in terms of the Witness Protection Act, 1998 (Act No. 112 of 1998).
- (3) An application contemplated in subregulation (1) must be accompanied by—
  - (a) a certified copy of the identity document or birth certificate of the applicant;
  - (b) a certified copy of the identity document or valid passport of the biological mother or father or both parents of the child, as the case may be;
  - (c) where applicable, a certified copy of the marriage certificate of the parents;
  - (d) where applicable, a certified copy of the death certificate of any deceased parent;
  - (e) where applicable, a letter issued by the Director: Witness Protection; and
  - (f) proof of payment of the applicable fee.
- (4) Upon approval of an application contemplated in subregulation (1), any alteration of a forename, surname or assumption of another surname made in terms of section 24, 25 or 26 of the Act must be made—
  - (a) by entering the altered forename or surname or assumed surname of the minor in the birth register; and
  - (b) if the particulars of the person have been included in the national population register, by including the altered forename, surname or assumed surname in the national population register,

without erasing the previous forename, surname or assumed surname.

(5) The assumption of another surname contemplated in subregulation (2)(a), (b) or (d) shall not have the effect of changing a person's identity number.

#### Alteration of sex description

**19.** An application for alteration of sex description contemplated in section 27A of the Act, must be made on Form DHA–526 illustrated in Annexure 12.

#### Publication of amplification of birth register, alterations of forenames and surnames

**20.** In the case of an alteration or amplification of a forename or surname referred to in section 27 of the Act, the full names of the person as they existed before the alteration or amplification, his or her identity number and his or her altered or amplified forename or surname, must be published in the Government *Gazette*.

#### REGISTRATION OF DEATHS

#### Notice of death for South African citizens

- 21.(1) A notice of death must be given within 72 hours of the death by the informant—
  - (a) on Form DHA–1663 illustrated in Annexure 14 to the Director-General, where the cause of death certificate contemplated in section 15(1) or (2) of the Act was issued by a medical practitioner; or
  - (b) on Form DHA-1680 illustrated in Annexure 15 where the cause of death certificate contemplated in section 15(1) or (2) of the Act was not issued by a medical practitioner; and
  - (c) be accompanied by the following supporting documents:
    - (i) the original identity document of the deceased;
    - (ii) in respect of a minor, the original birth certificate;
    - (iii) the biometrics of the deceased and the informant must be affixed in the appropriate space provided on Form DHA–1680 illustrated in Annexure 15 and, in the case where the biometrics cannot be affixed, an affidavit containing the reasons as to why such biometrics were not affixed must be attached; and
    - (iii) a certified copy of the identity document of the informant.
- (2) An official of the Department to whom a notice of death is given as contemplated in subregulation (1) must—
  - (a) verify the particulars of the deceased against the national population register;
  - (b) verify the particulars of the informant or the authorised funeral undertaker online against the national population register and attach the online verification report to the death register: Provided that where the fingerprints cannot be verified online, the informant or the funeral undertaker must have his or her full set of fingerprints taken on Form DHA-24/A illustrated in Annexure 1C;
  - (c) record the cause of death as—
    - (i) "natural causes", if satisfied that the death was due to natural causes;
    - (ii) "unnatural causes", if satisfied that the death was due to unnatural causes; or
    - (iii) "under investigation" and the case number, if the death is still under investigation in terms of section 3 of the Inquests Act;
  - (d) take possession of, cancel and destroy the original identity document of the deceased in terms of section 20 of the Identification Act or mark the birth certificate as "deceased":
  - (e) issue to the informant a death certificate on Form DHA–5 illustrated in Annexure 4 or, if the death certificate cannot be issued immediately, proof of notice of death on Form DHA–1577 illustrated in Annexure 17; and

(f) issue to the informant a burial order on Form DHA-14A illustrated in Annexure 16.

#### Notice of death for non-South African citizens

- 22.(1) A notice of death must be given within 72 hours of the death by the informant—
  - (a) on Form DHA-1663 illustrated in Annexure 14 to the Director-General, where a cause of death certificate contemplated in section 15(1) or (2) of the Act was issued by a medical practitioner; or
  - (b) on Form DHA-1680 illustrated in Annexure 15 where a cause of death certificate contemplated in section 15(1) or (2) of the Act was not issued by a medical practitioner; and
  - (c) be accompanied by the following supporting documents:
    - (i) A certified copy of the identity document or valid passport of the informant;
    - (ii) the biometrics of the deceased and the informant must be affixed in the appropriate space provided on Form DHA–1680 illustrated in Annexure 15 and in the case where the biometrics cannot be affixed, an affidavit containing the reasons as to why such biometrics were not affixed must be attached; and
    - (iii) a certified copy of the identity document of the informant.
- (2) An official of the Department to whom a notice of death is given as contemplated in subregulation (1) must—
  - (a) verify the particulars of the deceased;
  - (b) verify the particulars of the informant or the funeral undertaker online against the national population register and attach the online verification report to the death register: Provided that where the informant or funeral undertaker's fingerprints cannot be verified online, the informant or the funeral undertaker must have his or her full set of fingerprints taken on Form DHA-24/A illustrated in Annexure 1C;
  - (c) record the cause of death as—
    - (i) "natural causes", if satisfied that the death was due to natural causes;
    - (ii) "unnatural causes", if satisfied that the death was due to unnatural causes; or
    - (iii) "under investigation" and the case number, if the death is still under investigation in terms of section 3 of the Inquests Act;
  - (d) issue to the informant a death certificate on Form DHA-18 illustrated in Annexure 25: and
  - (e) issue to the informant a burial order on Form DHA-14A illustrated in Annexure 16.

#### Certificate by medical practitioner

- **23.**(1) A certificate in respect of a death due to causes referred to in sections 15(1) and (2) and 17(1) of the Act, must be issued on Form DHA-1663 illustrated in Parts A, B, C and G of Annexure 14.
- (2) The medical practitioner concerned must, on request and free of charge, issue to the informant or funeral undertaker the original Form DHA–1663 illustrated in Annexure 14, excluding Part G, and preserve a copy of the Annexure 14 for a period of at least five years.
- (3) The Director-General may at any time require the concerned medical practitioner to submit a copy of any cause of death certificate issued by him or her.

#### Notice of stillbirth

- **24.**(1) A notice of stillbirth must be given within 72 hours, in terms of section 18(1) of the Act, on Form DHA–1663 illustrated in Parts A, B, D, and F of Annexure 14.
- (2) The declaration referred to in section 18(2) of the Act must be on Form DHA-6 illustrated in Annexure 18.

### **Death outside Republic**

- **25.**(1) A notice of death of a person who died outside the Republic as contemplated in section 19(1) of the Act may be given to the head of any South African diplomatic or consular mission or to any district or regional office of the Department in the Republic.
- (2) A notice of death contemplated in subregulation (1) shall be accompanied by—
  - (a) a death certificate or any other document issued by the authority of the country where the death occurred;
  - (b) a copy of the identity document or passport of the deceased; and
  - (c) a copy of the identity document or passport and visa or permit of the informant;
- (3) On receipt of the notice contemplated in subregulation (1), the official at the mission must complete Form DHA–1663 illustrated in Annexure 14 and issue proof of notice of death to the informant on Form DHA–1577 illustrated in Annexure 17.
- (4) The head of a mission must, as soon as possible, forward to the Director-General each completed DHA–1663 illustrated in Annexure 14, together with all the supporting documents, and the Director-General shall record the death as contemplated in regulation 21(2).
- (5) A proof of notice of death must be issued upon registration of death, in addition to a burial order.
- (6) The granting of permission in terms of section 19(3) of the Act for the issuing of a burial order, must be made, in writing, on the strength of a death certificate or other similar document issued by the authority concerned in the country where the death occurred and the Director-General may, in his or her discretion, request any further information in respect of the deceased, or investigate or cause to be investigated the desirability or not of the burial in the Republic.

#### **Burial order**

**26.** A burial order referred to in sections 14(2), 17(2), 18(3), 19(2) and 20(1) of the Act must be on Form DHA–14B illustrated in Annexure 19.

#### **Burial register**

- **27.** The particulars to be entered into the burial register as contemplated in section 21 of the Act are—
- (a) the names and surname of the deceased, as contained in the burial order;
- (b) the identity number or passport number of the deceased;
- (c) the date of death of the deceased;
- (d) the serial number on the burial order;
- (e) the details of the funeral undertaker;
- (f) the date of burial; and

(g) where applicable, the grave number.

#### **Death certificate**

**28.** A death certificate referred to in section 22 of the Act must be issued on Form DHA–5 or DHA–20 illustrated in Annexure 4 and Annexure 20, as the case may be.

#### **Designation of funeral undertakers**

- **29.**(1) An application for designation as a funeral undertaker in terms of section 22A(1) of the Act must be made on Form DHA–1774 illustrated in Annexure 21 and be accompanied by—
  - (a) a certified copy of the identity document of the applicant;
  - (b) a certificate of competence issued by the relevant municipality or authority;
  - (c) where applicable, a business licence;
  - (d) a recent valid tax registration certificate for the business issued by the South African Revenue Service;
  - (e) proof of registration with any federation or association of funeral undertakers; and
  - (f) proof of payment of the applicable fee.
- (2) In order to qualify for designation as funeral undertaker, a person must—
  - (a) be a South African citizen of 18 years or older;
  - (b) not be an official employed by the Department; and
  - (c) demonstrate to the Director-General his or her knowledge of the Act by successfully completing a written examination conducted by the Department from time to time.
- (4) A designated funeral undertaker who acts as an informant on behalf of the family of the deceased must submit proof of appointment to confirm him or her as the representative of the family of the deceased whose notice of death is being given by such funeral undertaker.
- (5) The Director-General may withdraw the designation as a funeral undertaker if satisfied that the funeral undertaker has not complied with the provisions of the Act or has been convicted of a criminal offence without the option of a fine.

#### Issuing of certificates

- **30.**(1) An application for a certificate contemplated in section 28(1) of the Act must be made on Form DHA–132 or DHA–154 illustrated in Annexures 21 and 22, as the case may be.
- (2) A certificate issued as a duplicate must be clearly marked as a "duplicate".
- (3) A certificate contemplated in subregulation (2) must be issued subject to the provisions of section 29 of the Act.

# Surrender of documents and certificates containing incorrect information and rectification

- **31.**(1) The holder of a certificate or document referred to in section 7(3) of the Act, or his or her parent, next-of-kin or legal guardian must, if he or she or his or her parent, next-of-kin or legal guardian has been requested to do so, hand such certificate or document to the Director-General.
- (2) An application for amendment or rectification of particulars made in terms of section 7(4) of the Act must be on Form DHA-526 illustrated in Annexure 12.

(3) The Director-General must, if satisfied that the particulars contained in the national population register are incorrect, amend or rectify such particulars by including the correct particulars in the national population register and link the new particulars to the previous particulars without erasing the previous particulars.

#### **MISCELLANEOUS**

#### Repeal of Regulations and savings

- **32.**(1) The Regulations on the Registration of Births and Deaths, 1992, published by Government Notice No. R.2139 of 9 September 1992, are hereby repealed.
- (2) Anything done under a provision of the Regulations repealed by subregulation (1) which could have been done under a provision of these Regulations, shall be regarded as having been done under the provision of these Regulations.

#### Short title

**33.** These Regulations shall be called the Regulations on the Registration of Births and Deaths, 2014 and shall come into operation on 1 March 2014.



	DHA-24
Allocated Identity Number:	
	Bar Code

#### Annexure 1A

## APPLICATION FOR A BIRTH CERTIFICATE (WITHIN 30 DAYS)

#### [Births and Deaths Registration Act 51 of 1992]

To be completed in full and submit BLOCK LETTERS. Please tick wit						t of l	Hom	e Af	fairs	' offi	се о	r to a	a So	uth A	Africa		mbas	ssy c	r co										ILAC	K IN	IK w	⁄ith
Date of application		Υ	T	\ \	1	-2	1,5	]	5	Ģ	1																					
A. DETAILS OF THE CHILD		L			J	<u> </u>		)	L		J																					
Surname																																
Forenames in full																																
Date of birth	Y	¥	1	×		¥	ă'		Þ	17															Sex:							
NOTE: If twins or more, provide time of	of bir	th fo	r eac	h ch	ild. F	or ea	ch c	hild,	com	olete	sepa	arate	DHA	-24 a	and s	ubm	it all	form:	s tog	ether	:											
Child 1: Time								Child	3:			Time	9			<u></u>	<u> </u>	<u> </u>				Child	15:			Time	)					
Child 2: Time								Child	4:			Time	9									Child	16:			Time	;					
Place of birth: City/Town																		] P	rovino	се												
Country of birth																																
Are the parents of the child married to each other?				] If	Yes, ı	nature	e of n	narria	ıge		Civ	il		Cus	stoma	ary		Civi	l Unic	on		Reli	gious	s: Sp	ecify							
Date of marriage	31	¥	Ý	¥		M	36		()	0		If Yes	s, enc	lose	a cer	tified	сору	of th	e mai	rriage	cert	ificate	9									
NOTE: The palm, foot or fingerprints of	of the	chil	d mu	ıst be	e take	en an	d aff	ixed	at th	e ba	ck of	this	form	by a	n off	icial	of the	Dep	artm	ent.												
B. DETAILS OF MOTHER (PARENT A)	(In the	e cas	se of	Civil	Unior	this	secti	on m	ust b	e cor	nplet	ed by	y the	natur	al mo	other)														,		
Identity number (passport no. if foreigner)												_	L			]			Date	of bi	rth		Y	19	¥	<u> </u>		164	67		D	<u> </u>
Present surname																																
Maiden surname																																
Forenames in full																																
Place of birth: City/Town															Co	ountr	y of b	irth														
Residential address Street																																
Town/Village																			Pr	ovino	е											
Telephone no., incl. area code											c	ell ph	one i	10.												Po	stal co	ode				
E-mail address																																
Citizenship																	Perm	naner	ıt/Tem	npora	ıry pe	ermit	no.									
C. DETAILS OF FATHER (PARENT B)																																
Identity number (passport no. if foreigner)																			Date	of bii	rth		Y	¥	Y	V		M	3/4		0	p
Present surname																																
Maiden surname																																
Forenames in full																																
Place of birth: City/Town															Co	ountry	of b	irth														
Residential address Street																																
Town/Village																			Pr	ovino	е											
Telephone no., incl. area code											C	ell ph	one r	10.												Pos	stal co	ode				
E-mail address																																
Citizenship					Γ							Г	Г			1	Perm	anen	t/Terr	npora	rv pe	rmit ı	 no.									$\overline{\Box}$

D. ACKNOWLEDGEMENT	OF PATERN	NITY	OF A	СНІ	LD B	ORN	ουτ	OF	WEDI	LOCI	<																						
I hereby declare that I am th	e biologica	al fati	her of	f the	child								,		Mot	her's	cons	ent t	o the	ackr	owle	dger	nent	of pa	terni	ty							
Initials and surn	ame						Sign	ature	,								In	tials	and s	urna	me							Sign	ature	,			
Identity number (passport no. if foreigner)						L											umbe no. i	er f fore	igner	)													
Date	λλ	Υ	Y	]	5,0	1,6		0	5						Date	•					Y	γ	Υ	Y		N.	I had	]	0	D			
E. DETAILS OF THE APPLIC	CANT / NE	хт о	F KIN	N / LE	EGAL	. GU	ARDI	AN /	soci	AL V	/ORF	(ER	if Ap	plica	nt is	not tl	ne pa	rent,	pleas	se co	mple	te ar	nd su	bmit	Form	DH/	<b>4-28</b> ξ	3/B, w	here	appl	icabl	e)	
Relationship to child, if next	of kin:																																
Identity number (passport no. if foreigner)													]				]			Date	of bi	rth		γ	¥	γ	Ľ	]	541	1/4		0	0
Social Workers Case No:																	]	(Atta	ch co	ру о	f Cou	rt ord	der)										
Surname																																	
Forenames in full																																	
Place of birth: City/Town																C	ountr	of b	irth								$\prod$						
Residential address	Street																																
То	wn/Village																			P	rovino	e											
Telephone no., incl. area cod	е											] c	ell ph	one i	no.											]	Po	stal c	ode				
E-mail address																																	
Citizenship																	]	Perm	naner	nt/Ter	npora	ry pe	ermit	no.									
F. DECLARATION BY APPL	ICANT																																
Does one of the parents have	re a pendin	g ap	plicat	tion f	or as	ylum	in th	e Rep	oublic	?			Yes			No																	
If Yes, status of application a	nd attach c	юру	asyluı	m se	eker	perm	it (s22	2 ito F	Refug	ees /	Act)																						
1					hore	by d	00101	- that	the i				nlind	in thi	io An	nlings	tion in	to th	o bo	at of		oude	-dan	and b	oliof		and	correc		ndon		l that	
false statement made in this	Application	and	supp																									LOTTEC	λ. i ui	IIdeis	stariu	ıııaı	arry
Mother (Parent A)			T										1										1			1		_	ı				
															Date	ll .			Ľ	Y	Y	Y	_	M	M			0					
Initials and surna	ame						Sign	ature							Plac	е											<u></u>		Ш				
Father (Parent B)																																	
												,			Date				Y	¥	Υ	Υ	]	M	W		0	0					
Initials and surns	ame						Sign	ature							Plac	е																	
				-																													
Applicant, if not Mother or F	ather							*****			**********		1		Date	,			¥	Y	Υ	Y	]	N	M	]	0	o					
Initials and surns	ame					-	Sign	ature							Place	е							, 			, 	Γ						
Relationship to the child:			Nev	ct of h				Lea	al gu	ardia	n		Soc	ial w	orker																	•	
		L	]	., 5, 1				ا -دع	gu			L	ا عدد		01																		

G. PALM, FOOT OR FINGERPRINTS OF THE CHILD (To be taken and affixed belo	w by an official of the Department.)	
LEFT		RIGHT
·		
H. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN		
APPLICATION RECEIVED AND VERIFIED BY:	Office stamp -	Office of Origin Stat Birth
Surname		I O S M
First name		
Persal number Persal number		
	L	
DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK ☑		If foreign birth, additional documents:
Proof of Birth Form (DHA-24/PB)	test results (if applicable)	Certified copy of the Foreign birth certificate of the child
Certified copy of Mother's/Parent A's ID	valid passport (all pages)	Citizenship determination Form DHA-529 (SA Parent)
Certified copy of Father's/Parent B's ID (if applicable)  Affidavit	(DHA-288/B)	Citizenship determination Form DHA-529 (Child)
Certified copy of Next of kin / Legal Guardian/Social Affidavit	(DHA-288C)	Copy of refugee permit (s24 ito Refugees Act), if applicable
Certified copy of Marriage / Civil Union/ Customary  Certified	copy of court order (abandoned/	Copy of Asylum Seeker permit (s22 ito Refugees Act), if
	d children)	applicable
	copy of death certificate (if applicable)	Copy of permit (ito Immigration Act), if applicable
Certified copy of Social Worker's Registration Certificate		
Online verification performed and printouts attached for following persons:	Logal	iel under
Mother (Parent A) Father (Parent B) Next of Kin		ial worker
Date 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Signature	
I. APPLICATION RECEIVED AND VERIFIED:	STATUS Approved	Rejected
I ,here for a birth certificate, (* delete whichever is not applicable)	eby declare that I have received and verified t	he application, as indicated above approved / rejected* the application
		Signature
Persal Number Date		Signature



		1	Alloca	ited I	denti	ty Nu	mber	:			
	-	 		-		-	-		-	-	

#### Annexure 1B APPLICATION FOR A BIRTH CERTIFICATE

(AFTER 30 DAYS) [Births and Deaths Registration Act 51 of 1992] [Section 9]

Bar Code

DHA-24/LRB

Recent ID size photo of the child (required only for person whose birth is sought registered who is 7 years or older)

To be completed in full and submitted at present his/her original ID document. Th required. Applications that are not legil	e for	m mu	ıst be	e com	nplete	ed in l																•										
Date of application	Υ	Y	¥	Y	1	M	17		٥	0	]			Afte	r 30 d	days				Afte	er 1 y	ear										
A. DETAILS OF THE CHILD													Note	: Fing	jerpr	ints o	f chi	ild wh	no is	7 yea	ars o	r olde	er mu	st be	take	n on	DHA	-24/	4			
Surname as at birth																																
Forenames in full																																
Date of birth	Υ	Ÿ	Υ	Y	]	M	W		Ö	0															Sex:							
Place of birth: City/Town																		] P	rovin	се												_
Country of birth																										Po	stal c	ode				
Are the parents of the child married to each other?				] If	Yes, ı	nature	of m	narria	ge		Civi	ı		Cus	toma	ry [		Civi	l Uni	on		Oth	ner									
Date of marriage	Y	Υ	Y	Υ		RS	W		0	n			Marr	age o	ertifi	cate e	enclo	osed			Yes			No								
Telephone no., incl. area code											Ce	ell ph	one r	ю.																		
NOTE: If twins or more, provide time of	f bir	th for	reac	h ch	ild. F	or ea	ch cl	nild, (	com	olete	sepa	rate	DHA	-24 a	nd s	ubmit	all	form	s tog	ethe	r.								,			_
Child 1: Time								Child	13:			Time						<u> </u>				Chile	d 5:			Time		L				_
Child 2: Time								Child	14:			Time										Chile	d 6:			Time	•					_
COMPULSORY SECTION																																
Provide reason why the application for a	birth	certi	ificate	e was	s not	made	with	in 30	days	of b	irth in	term	s of	sectio	on 9(1	) of t	he B	irths	and [	Death	s Re	gistra	ation /	Act 5	1 of 1	992						
																																_
																																-
																																_
B. DETAILS OF MOTHER (PARENT A)			Γ	_	_	г—	1					1 1				l			D-4-	-41-				1 32	Γ.	T.	1		T	1 [		_
dentity number			<u> </u>	_	$\vdash$	<u> </u>							_						Date	of bi	πn		Ļ	L ¥	Ľ	L			1 30		1.0	=
Gurname				<u> </u>	<u></u>													<u> </u>		<u></u>	<u></u>		<u> </u>		<u> </u>							_
Previous / Maiden surname				<u> </u>	<u></u>																											_
Forenames in full																																_
Place of birth: City/Town															Со	untry	of b	irth														_
Residential address Street																										Π						_
Town/Village																		Ī	Р	rovin	ce		Ī	Ī								=
Telephone no., incl. area code				Ī	T						.C€	ell pho	one r	ю.				Ī			Π	_	T	<u> </u>	1	Pos	stal c	ode	Ī			=
E-mail address					┢═						! 	Ė						<del>                                     </del>			<u> </u>	<del></del>	$\frac{L}{L}$	<u> </u>	) 		Γ	Γ	H			=
				<u> </u>	$\vdash$	-						H													<u> </u>			<u> </u>	<u> </u>			=
Citizenship					<u> </u>												em	nanen	iv ier	npora	ary pe	errnit	no.		<u> </u>				<u> </u>		لــــا	=
C. DETAILS OF FATHER (PARENT B)			_	_	г –	_									_				D-4-	-4 1-1			<u></u>		T	L 50	ı	F-7		Г		_
dentity number					<u> </u>										_				Date	of bi	rτn	т—	<u> </u>					ris.	126			=
Surname		Щ		<u></u>	<u> </u>				<u></u>		Щ			Ц	_	_		L	<u> </u>	<u>_</u>	<u></u>	<u>_</u>	<u> </u>	<u> </u>	<u>_</u>	<u></u>		<u> </u>	<u></u>	Щ	_	=
Previous / Maiden surname																			<u> </u>				<u> </u>	<u> </u>		<u> </u>			<u></u>			_
Forenames in full																			<u> </u>													_
Place of birth: City/Town															Со	untry	of bi	irth														_
Residential address Street																																_
Town/Village																			Р	rovin	ce											_
Telephone no., incl. area code											Ce	ell pho	one n	o. [												Pos	stal c	ode				_
E-mail address																																
Ditizenship																ı	Perm	nanen	ıt/Ter	npora	ary pe	ermit	no.									
D. ACKNOWLEDGEMENT OF PATERN	ITY (	OF A	СНІІ	LD B	ORN	OUT	OF V	VEDL	.ock	(																						
hereby declare that I am the biological	fath	er of	the	child										Moth	er's c	onse	nt to	o the	ackr	owle	dgen	nent	of pa	terni	ty							
Initials and surname						Signa	ature									Init	ials a	and s	urna	me							Signa	ature				_
					_	_	$\overline{}$	_	_																							_
dentity number passport no. if foreigner)					i											mber no. if		ianer)									-				٠	

Annexure 1C				
LEFT MALL	Photo of the CHILD only  No photo required for Informant No photo is required where child is younger than 7 years	РНОТО	DHA-24/A	RIGHT SMALL
LEFT RING	D( PLEASE NOTE: Fingerprint: Affairs. Should a finger be m	TS FOR THE NOTICE OF  NOT PHOTO COPY s may only be taken by an office hissing, deformed or so injured	cial of the Department of Home I that the impression cannot be	RIGHT RING
		oted in the space provided for t		
LEFT MIDDLE	FINGERPRINTS OI Please tick appropriate b PERSONAL PART	DOX INFORM		DDLE
DDLE	Forenames:			RIGHT MIDDLE
	Date of Birth (YYYY/MM/DD)			<b>L</b>
	INFORMANT			
LEFT INDEX	Forenames:  Identity No./ Passport No.	EN BY: PLEASE PRINT FI		RIGHT INDEX
	DEDCAL NUMBER			<b>L</b>
LEFT 1	PERSAL NUMBER  Verification results (H	HANIS):		8
LEFT THUMB	REGISTERING FINGE	(or head office: population	register, if foreign birth)	RIGHT THUMB
	Donort	mental office stamp – Office	e of origin	
	LEFT T	·		

										C OF	NT (		HEA												Γ		SERI			24/PE	 
								PF	२०	OF				ГН														-			
The form must be completed in BL	ACH	C INF	( with	h BL	оск	LE1	ΓΤΕF	₹S.																							$\neg$
Hospital/ Medical Facility Name	Π	F	П	П	П	П	Π		П			П	П		П			П			Π	Ī		Ī	T	T	T	П		П	f
Facility code		Ī	$\Box$	Ī	П	П															Ī	Ī	Ī	Ī	Ī	T	T			П	ī
Nominal register number	Г	Ī		П		П		M										4				-		•							
If birth occurred at a place other	thai	nal	Hosp	oital	or M	ledic	al F	acilit	ty, s	pecif	fy pl	ace	of b	irth_																	
A. PARTICULARS OF MEDICA	AL F	PRA	CTIT	TION	IER	WH	O A	TTE	NDE		HE	BIR	TH																		
Surname		Γ		П	П						П				П	l															
Forenames in full		〒	〒	〒	П	П		H	〒	П	$\Box$	П	H	П	一	ĺ							1	Heal	th F	acili	ty Sta	amp			
HPCSA / SANC Reg No.	一	〒	一	H	H	一		一	П	П	一	П	П	П	П																
Telephone no., incl. area code		〒	一	一	$\sqcap$	$\Box$		$\vdash$	П							ı															l
Cell phone no.		F	H	一	ᆸ	П		H	F	П																					I
		L	نــــــا								J 																				l
Signature							Dat	te	Υ	Υ	Υ	Υ		М	М		D	D													
B. PARTICULARS OF MEDICA	AL F	PRA	CTIT	TION	NER	WH	O A	TTE	NDE	D T	HE	MO	THE	R / (	CHIL	D S	но	RTL	Y AI	FTE	R B	IRT	H (w	/ithi	n 48	3 ho	urs)				_
Surname		Г												П		l											ty Sta				
Forenames in full			H	౼	님	H		Н	$\vdash$	П	H	$\sqcap$	H	П	一																l
HPCSA / SANC Reg No.		H	H	一	님	H	$\vdash$	님	一	Н	H	H	日	H	一																
Telephone no., incl. area code		一	H	一	H	H	$\vdash$	$\vdash$	$\vdash$	H	Н	لــــا	سا			ı															İ
Cell phone no.		$\vdash$	П	$\vdash$	П	一		П	П	П																					l
Signature							Dat	e	Υ	Υ	Υ	Υ		М	М		D	D		-											
C. PARTICULARS OF MOTHE	ER/	PAI	REN	TA							_	1				ı															
Identity number/ Passpc	$\sqsubseteq$	<u></u>	Щ	<u>L</u>	Щ	<u>ب</u>		Щ	<u></u>	<u> </u>	Щ.		Щ.,	<u></u>	Н			1													
Date of Birth	Y	Y	Y	Y		М	М	М	М	М	М	М	М	М		D	D		(wr	ite n	nont	h in	full)	Т	т-	_	Т				
Surname	$\sqsubseteq$	$\vdash$		Щ		믬	_	Н	$\vdash$	H	Н	Н	Н	$\vdash$	믬	Н		Н	_	<u> </u>	$\vdash$	$\vdash$	$\vdash$	<del> </del>	⊢	十	$\vdash$	Н	$\dashv$	$\dashv$	_
Previous/Maiden surname	$\vdash$	뉴		$\vdash$	Н	Н	_	Н	$\vdash$	Н	닏	$\dashv$	Н	Н	님	Н		Н	_	_	<u> </u>	<u> </u>	<del>                                     </del>	<u> </u>	는	十	十	Н	H	H	_
Forenames in full	$\vdash$	$\vdash$		Н	Н	H	$\vdash$	Н	H	H	님	H	Н	H	님		_	Н	_	<u> </u>	<u> </u>	H	<del> </del>	<u> </u>	十	十	누	Н	H	H	_
Physical address: Street	닏	L	屵	Н	Н	H	H	Н	H	Н	Н	Н	Н	Н	닉	Н		Н	_	_	<u> </u>	<u> </u>	<del> </del>	十	누	十	丨		Н	$\dashv$	_
Town/Village	=	$\vdash$		Щ	Щ	$\dashv$	$\vdash$	Н	H	Н	Н	H	Н	Н	님			Щ		· - ! -	-40	$\vdash$	<u> </u>	<u> </u>	는	누	Ц_	Ш	لـــا	لـــا	
Province	Щ	느	Щ	Щ	Щ	Щ		Щ	Ш	Ц	L ا	ш	Ш	لـــا	لـــا	İ			Post	taıu	oue	<u> </u>	<u> </u>	<u> </u>	<u></u>	_					
Telephone no., incl. area code	Щ	_	Щ	Щ	Щ	닏		닏	_	Н	_			_						_		Т	т -	т -	_	_	т-				
E-mail address						Ш		Ш	Ш	Ш	Ш	Ш	Ш	Ш	Ш			Ш		<u> </u>	<u> </u>	<u></u>		<u></u>	<u></u>	<u>_</u>	<u></u>	Ш	Ш	_	
D. PARTICULARS OF FATHE Identity number / Passport No.	R/I	PAR	ENI	L R		П				П					П	l															
Date of Birth	Y	Y	Υ	Υ	П	М	м	М	М	М	М	м	М	м	П	D	D	1	/wri	ite n	ront	h in	frill)								
Surname	H	Ė	H	Н		Ħ		H	H	$\Box$	一	一	一	$\exists$	$\vdash$				( ***		10	// <i>/</i>	Tu.,	Т	Т	Т	Т				
Forenames in full	$\vdash$	는	님	Н	Н	H		Н		Н	H	H	H	H	H			Н	-	<u> </u>	<u> </u>	<u>                                      </u>	$\frac{1}{\Gamma}$	<u> </u>	十	十	十	Н	$\dashv$	H	=
Residential address: Street	H		屵	Н	Н	H	$\vdash$	님	$\vdash$	H	H	H	H	H	H				_	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	十	十	十	Н	$\dashv$	H	=
Town/Village	=	$\vdash$	Η	H	Н	H	$\vdash$	H	H	Н	H	H	H	H	H			Н	_		<u> </u>		$\vdash$	<u> </u>	十	十	┾	H	$\dashv$	$\dashv$	_
Province		一	H	Н	Н	H		님	H	H	$\dashv$	H	H	$\dashv$	$\dashv$	H		Н	=	<u></u>		<u> </u>	$\vdash$	<u>                                      </u>	Pos	tal (	code	H	$\exists$	$\dashv$	_
Telephone no., incl. area code	Н	$\vdash$	H	Н	Н	H	$\vdash$	Н	H	Н			لـــا			لــــا		ىـــا Ce	ll ph	one	no.	一	$\vdash$	_	T	T	T	Н	$\dashv$	$\dashv$	_
E-mail address	$\vdash$	$\vdash$	H	Н	Н	H	$\equiv$	Н	H	$\dashv$		П			П					IC	1	十	$\vdash$	<del> </del>	十	十	十	Н	$\exists$	$\dashv$	_
E. PARTICULARS OF CHILD	=	<u>_</u>	<u> </u>								=	_		=	=						<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>	<u></u>	<u></u>		=	=	
Date of Birth	Y	Y	Y	Υ	1	м	м	м	м	м	м	м	м	м		D	D	اا	·	4	• · · · · · ·	s in		Se		_	T				_
Surname	屵	Ë				<u> </u>	lvi	lvı	Ivi	lvi .	LIVI_	$\overset{\sim}{\vdash}$	IVI		$\vdash$		υ	(wri	te m	nonu	h in	tuli) T	_	T	ζ. Τ	는	十	Н	러	$\dashv$	=
1	Н		믬	Н	H	$\dashv$	Н	Н	H	H	믬	H	H	H	$\dashv$	Н		Щ	_	_	<u> </u>	$\vdash$	$\vdash$	_	는	누	$\vdash$	Н	러	$\dashv$	
Forenames in full	닏	$\vdash$	닏	Ш	Н	닏		Н	Н	Н	믬	$\dashv$	Н	Н	屵				=		_	$\vdash$	<u> </u>	$\vdash$	_	누	뉴	Н	$\dashv$	$\dashv$	_



#### REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-24/PBA

										Anı	nexu	re 1	E													_ <u>s</u>	ERI	AL N	10		
			A	FF	ID/	٩VI	TF	REI	LAT				PR an c			OF	В	RT	Ή												
The form must be completed in bla	ack ir	nk wi	th BI	LOC	K LE	TTE	RS.																								
Place of birth other than a health	ins	tituti	on (	Hos	pital	or n	nedi	cal f	acili	ty)																					
A. PARTICULARS OF A PERS											st b	e a	Sou	th A	fric	an c	itize	n)													
Identity No			· · ·				1		Τ	(	T	1				ı o		,													
Date of Birth	F	Y		ΙΥ	<u> </u> 	М	] [M	M	М	M	M	I M	M	M	<u> </u>	l I	D	1	(vere	ito n	ont	h in	£!!\								
Surname	<u> </u>	Ë	Ė	<u> </u>	J T	<u> </u>	.v.	1	T .v.	.v.		l ivi	101	I IVI	! 	ا		ı	(WII	ite m	ioni	,, ,,,	iuii)								
Previous/Maiden surname		<u> </u>	$\vdash$	<u> </u>	<u> </u>		$\vdash$		$\vdash$	_		<u> </u>	<u> </u>	$\vdash$			_	ı —	Г		_	Ι_	Ι	т-	Т	г	_		_		$\overline{}$
Forenames in full	<u> </u>	<u> </u>	$\vdash$	<u> </u>	<u> </u>		<u> </u>		<del>                                     </del>			<u> </u>		<u> </u>			L	L	l				l	L	<b>—</b>		L	L			ш
Physical address: Street	_	<u> </u>	$\vdash$	<u></u>	$\vdash$				$\vdash$	<u> </u>			<del>                                     </del>	$\vdash$			Г	Γ			_	Γ	Г	Т	Т	Г	Г	П		_	$\Box$
Town/Village	_	<u> </u>	H	$\overline{\Gamma}$		_			$\overline{\Gamma}$		-		<u> </u>	$\vdash$				<u> </u>				<u> </u>	┢	T	f	H				_	Ħ
Province	_								$\overline{\Gamma}$								L	<b></b>					-		Pos	tal c	ode		$\overline{}$		Ħ
Telephone no., incl. area code	Ī		T	Π					Ī			<b>.</b>				•			Cell	No.		Г	Π	Γ	Г	Г	Г	Π		_	Ħ
E-mail address									<u> </u>			T .						Г				Π	Ī	Ī	Ħ	Г		П	П		П
Relationship to parents				<u> </u>	·	·						<b></b>										<b>-</b>								_	
Signature							Dat	te	Υ	Υ	Υ	Υ		М	М		М	М													
B. PARTICULARS OF A MOT				_	1										1			1													
Identity No / Passport N	Ľ	Y	Y	Y	]	М	М	М	М	М	М	М	М	М		D	D														
Date of Birth	Ľ	Y	Y	Y		М	М	М	М	М	М	М	М	М		D	D		(wri	te m	ont	h in	full)	_	_			_			T1
Surname	<u> </u>	<u> </u>	<u>L</u>		<u>_</u>	<u>_</u>	<u>L</u>	<u>L</u>	<u> </u>	<u>_</u>	L	<u> </u>	<u>_</u>	<u> </u>			<u></u>	<u>_</u>				<u> </u>	<u> </u>	<u> </u>	Ļ	L	<u> </u>	Щ			닉
Previous/Maiden surname	_	<u></u>		<u></u>	<u>_</u>	<u>_</u>	L	<u> </u>	<u> </u>	<u>_</u>	<u>_</u>		<u></u>	_				<u>_</u>	Щ			<u>_</u>	_	<u> </u>	느		<u> </u>	Щ	$\vdash$		닉
Forenames in full	<u> </u>	<u>_</u>	_	<u>_</u>	<u></u>	<u></u>	_	<u>_</u>	<u> </u>		<u>_</u>	<u> </u>	<u>_</u>					_	Ш			_	_	<u> </u>	L	_	_				닏
Physical address: Street	<u>_</u>					<u>_</u>	<u>_</u>	_	_		<u>_</u>	<u> </u>	<u></u>									_	_	L	L		_				Щ
Town/Village	_	<u></u>	_	_	<u>_</u>	<u> </u>	L	<u>_</u>	<u>_</u>	<u>_</u>	<u>_</u>	<u> </u>	<u></u>						Ш			_	_	<u> </u>	L	L	<u> </u>				Ш
Province	<u>_</u>	<u>_</u>	_	_	<u> </u>	<u>_</u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>				Post			_		_	$\vdash$						
Telephone no., incl. area code	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	_	_	<u></u>	$\vdash$	_	<u> </u>	r	г -						Cell	No.		<u> </u>	<u> </u>	上	$\vdash$	$\vdash$	_	Н	$\vdash$		님
E-mail address  C. PARTICULARS OF A FATH	L_ IER	<u> </u>	<u> </u>	<u></u>	<u></u>	<u> </u>	<u></u>	<u> </u>	<u></u>		<u></u>	<u> </u>	<u> </u>									<u></u>	<u> </u>	<u></u>	<u> </u>						
Identity No / Passport No.							]																								
Date of Birth	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D		(wri	te m	ont	h in	full)								
Surname																															
Forenames in full																															
Residential address: Street																															
Town/Village																				-											
Province								•																]	Pos	tal c	ode				
Telephone no., incl. area code																		Сє	ll ph	one	no.										
E-mail address																															
D. PARTICULARS OF A CHIL	D																														
Date of Birth	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D	(wr	ite m	onti	in:	full)		Sex	c:						
Surname																															
Forenames in full																															
Place of birth																															
F. DECLARATION BY PERSO	N V	VHC	WI.	TNE	SSE	D T	ΗE	BIR	ТН																						
,							true	and	co	rect	. Lu	ınde	rsta	nd tl	nat a	any	false	e sta	atem	ent	eclai mad	re th	at th	ne in is A	form oplic	atio atior	n su 1 an	ipplie	ad in	thi rtin	s g
WITNESS																															
													Dat	е				Υ	Υ	Υ	Υ		М	М		D	D				
Initials and surname					Sig	nati	ure						Pla	ce																	
D. DECLARATION / O																															
NOTE: Commissioner of C	ath	s m	ust l	be a	n au	ıtho	rise	d D	HA (	offic	ial a	it th	e of	tice	whe	ere a	appl	icati	ion i	s sı	ıbm	itte	d								

Signature of deponent	·	Date (YYYYMMDD)	
I certify that before administering the oath I asked the deponent the following	g questions	and wrote down his/her	answers in his/her presence:
(1) Do you know and understand the contents of this declaration?	Answer:		
(2) Do you have any objection to taking the prescribed oath?	Answer:		
(3) Do you consider the prescribed oath as binding on your conscience?  I certify that the deponent has acknowledged that he/she knows and unders me and that the deponent's signature or mark was affixed to the declaration		entents of this declaration	n which was sworn to/affirmed be
I certify that the deponent has acknowledged that he/she knows and unders me and that the deponent's signature or mark was affixed to the declaration	tands the co	entents of this declaration	n which was sworn to/affirmed be
I certify that the deponent has acknowledged that he/she knows and unders me and that the deponent's signature or mark was affixed to the declaration  Signature of the Commissioner of Oaths	tands the co	entents of this declaration	
I certify that the deponent has acknowledged that he/she knows and unders me and that the deponent's signature or mark was affixed to the declaration Signature of the Commissioner of Oaths  Full first names and surname	tands the co	ntents of this declaration	n which was sworn to/affirmed be Office stamp - OFFICE OF OR
I certify that the deponent has acknowledged that he/she knows and unders me and that the deponent's signature or mark was affixed to the declaration  Signature of the Commissioner of Oaths  Full first names and surname	tands the co	ontents of this declaration	



#### REPUBLIC OF SOUTH AFRICA

#### DEPARTMENT OF HOME AFFAIRS

Annexure 1F

DHA-24/PBA SERIAL NO

			Α	FF	ID/	٩VI	TF	REL				ΓO th Af					ВІ	IRT	Н									AL I	<u></u>		1
The form must be completed in bla	ck ir	nk wi	th BI	LOC	K LE	TTE	RS.																								
Place of birth other than a health	ins	tituti	on (l	Hos	pital	or n	nedi	cal f	acilit	y) _																					
A. PARTICULARS OF A PERS	ON	WH	o W	ITN	ESS	ED .	THE	BIR	RTH																						
Identity No./Passport No.		Γ	Γ	Γ	Г	Г	1	Γ	Г		Г	1	Г	Г		1															
Date of Birth	Υ	Υ	Υ	Y	Ī	М	М	М	М	М	м	М	М	М	l	D	D	1	(wr	ite m	ont	h in :	full)								
Surname				<u> </u>	İ									<u> </u>				•	,				,								
Previous/Maiden surname		<u> </u>					Ī											<u> </u>						Γ	Г	Γ	Π	Г	Γ		П
Forenames in full		l				l	l						<u> </u>	<u> </u>		l	L	L				<b></b> i			L					L	لــــا
Physical address: Street																<u> </u>		Г					Г	Г	Г	T	Π	Г	Γ		П
Town/Village		Ī																						Ī				Ī	Ī		
Province		Ī														l			•						Pos	tal c	ode	Г	Ī		
Telephone no., incl. area code					Ī								•	•		•			Cel	l No.				Π					Ī		П
E-mail address														Γ				Π						Ī				Г	Г		
Relationship to parents																			•			•				L					
Signature							Dat	е	Υ	Υ	Υ	Υ		М	М		М	М													
B. PARTICULARS OF A MOT	HEF	₹											-																		
Identity No / Passport N	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D														
Date of Birth	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D		(wr	ite m	ont	h in i	full)								
Surname																															
Previous/Maiden surname																															
Forenames in full																										Γ					
Physical address: Street																															П
Town/Village		Ī																							F	Ī	Ī				П
Province		T																	Posi	tal c	ode						·				
Telephone no., incl. area code		$\overline{}$										L		L		•			Cell	No.								Г			П
E-mail address																		Γ													
C. PARTICULARS OF A FATH	IER																	<u> </u>													
Identity No / Passport No.			L		<u></u>																										
Date of Birth	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D		(wr	te m	onti	h in i	full)								
Surname																															
Forenames in full								,																							
Residential address: Street																															
Town/Village																															
Province																									Pos	tal c	ode				
Telephone no., incl. area code																		Ce	ell ph	one	no.										
E-mail address																															
D. PARTICULARS OF A CHIL	D																									_					
Date of Birth	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D	(wr	ite m	onth	in i	full)		Sex	::						
Surname																	П					M				Π		$\sqcap$	П	П	同
Forenames in full		Ī																		$\exists$						П					Ħ
Place of birth										$\exists$																П	П			П	ቨ
F. DECLARATION BY PERSO							,	who	ose			ırs a																			
Application is to the best of my documents is an offence and pun WITNESS																					mad	de ir	thi	s Ap	plic	atio	n an	d sı	ppc	rting	)
		Г											Dat	е				Υ	Υ	Υ	Υ		М	М		D	D	ĺ			
Initials and surname					Sig	nati	ure						Pla	се			ĺ														

Isubmitted in this Affidavit and the Application for Birth Certificate is true an section 31 of the Births and Deaths Registration Act 51 of 1992.			nder oath that the information se statement is punishable under
Signature of deponent		Date (YYYYMMDD)	
I certify that before administering the oath I asked the deponent the following	ng questions	and wrote down his/her	answers in his/her presence:
(1) Do you know and understand the contents of this declaration?	Answer:	***************************************	
.,,,,			
	Answer:		
<ul><li>(2) Do you have any objection to taking the prescribed oath?</li><li>(3) Do you consider the prescribed oath as binding on your conscience?</li></ul>	Answer:		
<ul> <li>(2) Do you have any objection to taking the prescribed oath?</li> <li>(3) Do you consider the prescribed oath as binding on your conscience?</li> <li>I certify that the deponent has acknowledged that he/she knows and under me and that the deponent's signature or mark was affixed to the declaration.</li> </ul>	Answer:	ontents of this declaration	
(2) Do you have any objection to taking the prescribed oath?  (3) Do you consider the prescribed oath as binding on your conscience?  I certify that the deponent has acknowledged that he/she knows and under me and that the deponent's signature or mark was affixed to the declaration.  Signature of the Commissioner of Oaths	Answer:	ontents of this declaration	n which was sworn to/affirmed be
<ul> <li>(2) Do you have any objection to taking the prescribed oath?</li> <li>(3) Do you consider the prescribed oath as binding on your conscience?</li> <li>I certify that the deponent has acknowledged that he/she knows and under me and that the deponent's signature or mark was affixed to the declaration.</li> </ul>	Answer:	ontents of this declaration	
(2) Do you have any objection to taking the prescribed oath?  (3) Do you consider the prescribed oath as binding on your conscience?  I certify that the deponent has acknowledged that he/she knows and under me and that the deponent's signature or mark was affixed to the declaration.  Signature of the Commissioner of Oaths	Answer: stands the co n in my prese	ontents of this declaration	n which was sworn to/affirmed be
(2) Do you have any objection to taking the prescribed oath?  (3) Do you consider the prescribed oath as binding on your conscience?  I certify that the deponent has acknowledged that he/she knows and under me and that the deponent's signature or mark was affixed to the declaration.  Signature of the Commissioner of Oaths  Full first names and surname	Answer: stands the co n in my prese	ontents of this declaration ence.	n which was sworn to/affirmed be

DHA-288/A



#### DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

### **ANNEXURE 2A** AFFIDAVIT FOR NOTICE OF BIRTH GIVEN AFTER 30 DAYS UP TO 1 YEAR

## [Births and Deaths Registration Act 51 of 1992] [Section 9(3A)]

To be completed by the parent . The parent and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 form. The form must be completed in BLACK INK with BLOCK LETTERS. Please mark 🗹 the CORRECT box, where required. Applications that are not legible shall not be accepted.

Date of application		Υ	Υ	Υ	Υ		М	M	]	D	D	]																			
A. DETAILS OF THE PARE	:NT																														
Identity number														]		Citiz	zens	hip													
Date of birth (YYYYMMDD)						$\Box$	$\Box$		]	Pass	sport	no./	/Perm	naner	nt res	siden	ice p	ermi	it no.												
Surname																									$\prod$						
Previous/Maiden surname																															
Forenames in full		$\Box$				$\Box$	匚		$\Box$																						
Place of birth		$\prod$	$\square$		$\Box$	$\Box$	$\Box$		$\Box$					]	Cou	ntry	of bi	irth							$\prod$						
Current contact address Stree	t [	oxdot																													
Town/Villag	e																	Prov	ince												
Telephone no., incl. area code		T	П		Г		Г	Π	Г	Г	1	C	Cell p	hone	no.			Π	П	Г	Г		T	Π	T	1					
E-mail address	F	T	〒	一	〒	〒	〒	T	〒	一	Ť	Π	Т			$\overline{}$	H	T	T			F	Ħ	F	一	<u>,</u>					
Postal address	F	十	一	屵	一	一	一		늗	一	一	一	十	一	님	$\equiv$	一	<u> </u>	$\vdash$	_	$\vdash$	_	十	$\vdash$	+	一		H	$\dashv$	=	믐
	H	十	屵	屵	屵	屵	늗	는	늗	_	$\vdash$	는	┿	一	뭐	=	<u> </u>	<u></u>		L	L	L	<u></u>	<u></u>		اسا.	لبا	믐	뭐	닉	님
Province	° _	7.401		ليا.		Ш	<del> -</del>	1-04			<u></u>	<u> </u>	<u></u>				]								Pos	stal co	ode	Ш	Ш		Ш
Relationship to the child:		Mot	ther/F	aren	nt A		<u>_</u>	Fati	her/P	'aren	ıt B																				
B. DETAILS OF THE CHIL	D																														
Surname as at birth	Γ	Π	$\Box$				Г	Π	Π	Π	Γ	Γ	Π					Π		Г			Π	Г	П						П
Forenames in full	$\vdash$	〒	一	П	Г	П	匸	〒	Ħ	〒	〒	〒	〒	П	П			T		$\vdash$	一		十	Ħ	一	$\vdash$	П	H	$\Box$	T	П
Date of birth (YYYYMMDD)	F	十	一	一	〒	〒	一	一	i								Sex		$\vdash$			$\vdash$	一	一	1						
	Ļ	丰	ᆜ	닏	닏	닏	느	Ļ	<u></u>	,	_	, -					364	·	Ц		$\sqsubseteq$	Ļ	辶	Ļ	_						
Place of birth	Ļ	Ļ	$\perp$	$\sqsubseteq$	<u>_</u>	<u></u>	Ļ	L	上	<u> </u>	L	L	丄	Щ	Ш			<u> </u>				<u></u>	<u></u>	<u> </u>	J						
Contact number	L	L		Ľ		$\Box$	Ĺ	L	L_	L	L	L	<u></u>	]																	
2 COMPLIE SARV FOR TH	- NC																														
C. COMPULSARY FOR TH	E NC	)110	EG	IVE	NA	-16	:K ɔ	ט ט.	Ats	j																					
l,			6								pare															, c	decla	are th	at I		
register the birth of the above mer	tioned	i chii	d arte	er 30	days	s bec	aus	e or	the to	DIIOW	ing r	easo	on(s):																		
							_	_		_	_				_	_	_					_			_		_		_	_	
																													_	_	
																				_		-									
The deponent and the Commissi	oner	of Oa	aths	to in	itial •	each	paç	ge of	the	Affid	lavit.																				
D DECLARATION NOTE: Co					the		h		- ut			24/		'cial	-4 41		460	- ·uh		nl	icat		01		'4400						
D. DECLARATION NOTE: Co	Milina	isioi	lei o	A Co	cmt	lliua	il De	an.	auu	non	seu i	DUM	4 Om	Clai	atu	le o	Піс	e wii	ere a	appi	luat	Юп	15 31	יווטג	Itteu	1					
l,																									ed in				nd th	ıe	
Notice of Birth is true and corr	ect, a	ndit	ınaeı	rstan	d tha	at a ra	alse	state	∍men	nt is p	unis	habi	le un	der s	ectio	ກ່ຽາ	of tr	ne Bi	rths a	ana i	Deau	ns K	egist	ratio.	n Acı	t 57 c	)† 19	92.			
Signature of deponent	****														_		Date	e (Y)	YYN	MD	) )	Υ	Υ	Υ	Υ	М	M	D	D		
I certify that before administer	ing the	e oat	th I a	sked	the	depc	nen	t the	follo	wing	ques	stion	s and	d wro	te dc	wn h	nis o	r her	ansv	vers	in hi	s or	her p	res∈	ence:						
(1) Do you know and unders											•		Ans																		
(2) Do you have any objection								Jii.					Ans		-																
(2) Do you have any objection	11 10 1.	1KII 19	nie	JIESC	JIDE.	Joac	Ji:						Allo	Wei.	•																
(3) Do vou consider the pres	cribed	oath	ı as t	oindir	na or	1 vou	ır coi	nscie	ence?	?			Ans	wer:	-																
I certify that the deponent has											rstan	ds th	ne co	ntent	ts of t	this o	deck	aratio	n wh	ich v	vas s	wor	n to/a	affirn	ned b	efore	e me	and	that	the	
deponent's signature or mark	was a	ffixed	d to ti	ne de	eclar	ation	. in m	ny pr	esen	ice.																					
Signature of the Commissione	r of O	aths																													
S	Т	_		$\overline{}$	_		_	Γ	_							_	_	Γ	ı												
Surname	+	닏	닏	닏	닏	닏	=	L	닏	$\perp$	_	닏	$\vdash$	$\vdash \vdash$	닉	닉	=	_													
Forenames				$\sqcup$		Ш	لــــا	L_	L.						Ш																- 1

		DHA-288/A
Designation (rank)		
Persal number		
Business Address		
		,
		Departmental Stamp
Area code		Dopartmental cramp
· ·		
Place		
Date	Y Y Y M M Y Y	
E. FOR OFFICIAL U	ISE ONLY- OFFICE OF ORIGIN	
Notice of birth and a	affidavit received by:	
Surname		
Forenames		
Persal number		Departmental Stamp
Signature		
	Y Y Y M M D D	
Date		
The deponent and the C	commissioner of Oaths to initial each page of the Affidavit.	

DHA-288



## DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

# ANNEXURE 2B AFFIDAVIT BY PARENT IN SUPPORT OF NOTICE OF BIRTH GIVEN AFTER 1 YEAR

#### [Births and Deaths Registration Act 51 of 1992]

To be completed by the parent. The parent and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 /LRB and DHA-24/A (if the person whose birth is sought to be registered is 7 years or older). The parent to present his/her original ID document. The form must be completed in BLACK INK with BLOCK LETTERS. Please mark ☑ the CORRECT box, where required. Attach School (including Pre-School) reports and proof of qualification(s). Applications that are not legible shall not be accepted.

A. DETAILS OF THE PARE	<b>1T</b> (i	f de	cea	sed,	ind	cate	e de	tails	of t	the p	oers	on r	nak	ing t	the a	affid	avit)	}											
Identity number																Citiz	enst	nip											
Date of birth (YYYYMMDD)										Pass	port	no./l	Perm	aner	nt res	siden	се р	ermi	t no.										
Surname																													
Previous/Maiden surname																													
Forenames in full																													
Current contact address Street																													
Town/Village																	1	Prov	ince										
Telephone no., incl. area code												С	ell p	hone	no.										]				
E-mail address																													
Postal address																													
Province																								Pos	tal c	ode			
Pace of birth															Cou	ntry	of bii	th											
Relationship to the child:	Mot	ner /	Pare	ent A			Fath	ner/	Pare	nt B			Nex	t of k	din			Leg	al gu	ardi	an								
B. DETAILS OF THE CHILD	/ PE	RS	ON	SEE	KIN	IG T	О	BE F	REG	IST	ERI	D															 		
Surname as at birth																									Π				
Forenames in full																									Ī			T	
Date of birth (YYYYMMDD)																	Sex							]					
Town/City of birth																	Prov	ince											
Country of birth																								Pos	tal c	ode			
Current contact address Street																													
Town/Village																		Prov	ince									$\Box$	
Telephone no. incl. area code													C	ell p	hone	no.							<u></u>		L				
E-mail address (if available)																								<u> </u>	<u> </u>				
Language (mother tongue)															Seco	ond la	angu	age			<u> </u>								
C. DETAILS OF LIFE EVEN	S C	F T	HE	СНІ	LD																	 					 ***********		
C1. INSTITUTION OF BIRTH - CON	IPUL	SOR	<u>Y</u>																										
Place of birth F								1		١ ـ					1	At ho	me		1	_		 ١.							
Flace of billii	ublic	hos	pital		Pri	vate	hos	pital		ᅵᅡ	octo	r's o	пісе			,	اتست			C	linic	] 0	ther						
Name of place of birth	ublic	hos	pital		Pri	vate	hos	pital			octo	rs o	rice				Jille				linic		ther						
	ublic	hos	pital		Pri	vate	hos	pital			octo	rso	rice								linic		ther						
Name of place of birth	ublic	hos	pital		Pri	vate	hos	pital			POCTO	rs o	nice ,					Provi	ince		linic		other						
Name of place of birth  Full address Street	ublic	hos	pital		Pri	vate	hos	pital					hone	no.				Provi	ince		linic		other	Po	stal	code			
Name of place of birth  Full address Street  Town/Village	ublic	hos	pital		Pri	vate	hos	pital						no.				Prov	ince		linic		other	Po	stal	code			

																														DHA	4-288
C2. RELIGIOUS CEREMONY PERF	ORI	MED	ON	THE	СНІІ	D /	PER	SON	то	BE F	EGI	STE	RED	Γ.	Γ		T	I	ī	1	T		T	Γ-	_		T		$\overline{}$		
Contact address Street	H	H			$\vdash$			H				<u> </u>		<u> </u>							<u> </u>	<u> </u>	$\vdash$		$\vdash$	t		t	Н		
Town/Village		$\overline{\Gamma}$						İ										Prov	ince		T	T	T		T	Ħ	$t^-$	Ħ	Н		
Telephone no., incl. area code		Ī									(	Cell p	hone	no.								Ī	Ī	Ī	Po	stal	code	厂	П		П
E-mail address																									Ī	Π	Π				
Contact person name	T	T	Ī																	Ī	T		T		Ī	T	T	Ħ	П	П	П
Date of the ceremony (YYYYMMDD)	)											Тур	e of	the c	eren	ony										Ī		Ī			
C3. PRE-SCHOOL OR CRECHE AT	TEN	NDF																													
Institution name		T					<u> </u>						T				l		Ι	Г	T	Г	Π	T	Τ	Т	Τ	Т			П
Contact address Street		T																					T			T		T	П		
Town/Village																		Prov	ince				T			T	Ī	T	П		
Telephone no., incl. area code											C	ell p	hone	no.											Po	stal	code	Γ			
Contact person name																															
Period of attendance (YYYYMMDD)		Fro	m										То									]									
C4. PRIMARY SCHOOL ATTENDED	D																														
Was more than one school attened?	?	Yes					No			If ye	s, pı	rovid	e det	ails	of the	sch	ool v	vith r	most	veri	fiable	info	rmat	ion							
Name of school												Γ							Γ							Π	Π	Γ	П		П
Contact address Street																															
Town/Village																		Prov	ince												
Telephone number											c	ell p	hone	no.											Po	stal	code				
Contact person name																															
Period of attendance (YYYYMMDD)	F	rom	<u></u>									То															_				
Grade at adr	miss	ion											High	est (	grade	pas	sed														
C5. SECONDARY SCHOOL ATTEN Was more that one school attended'		Yes					No	Г		If ve	e n	ovid	e det	aile (	of the	s ech	ool v	with r	noet	verit	iahla	info	rmat	ion							
Name of school	· 	163	·				140			ıı ye	5, pi	OVIG	e del	alls	JI 1116	5 501	1001	viui i	liosi	veili	lable	11110	IIIIai	1011	Γ	Т	Г	Г			
Contact address Street		<u> </u>																				<u> </u>			<u> </u>	十	$\vdash$	$\vdash$	$\exists$	$\dashv$	퓜
Town/Village			<del> </del>								_							Prov	ince							F	H	$\vdash$		$\exists$	Ħ
Telephone no. incl. area code											С	ell p	hone	no.											Pos	stal c	ode	П	П		$\Box$
Contact person name																										Γ			П		
Period of attendance (YYYYMMDD)	Fi	rom										То																			
Grade at adr	miss	ion											High	est	grade	pas	sed										]				
C6. TERTIARY INSTITUTION ATTE								_																							
Was more that one Institution attend	led?	Yes		Ш			No			If ye	s, pr	ovid	e det	ails d	of the	inst	itutio	n wi	th m	ost v	erifia	ible i	nforr	natio	n						
Name of Intitution										_				_				_								Ļ			Щ	_	ᆜ
Contact address   Street					_					_						=		Provi	ince						_	_			믐	닉	님
Telephone no. incl. area code		<u> </u>								$\exists$		ell p	hone	no.				100	1100						Pos	tal c	L	Н	$\dashv$	=	ᆿ
E-mail address																											T			$\dashv$	ᅱ
Contact person name																										┢		Н		ᅥ	ᅱ
Period of attendance (YYYYMMDD)	Fr	rom										То											•								
	Cou	ırse											Qua	lifica	tion	obtai	ned														
C7. EMPLOYMENT RECORD - THE		ST F	RECE	NT E	=MP	LOY	ER																								
Employer																															
Physical address Street																													T	団	
Town/Village																		Provi	ince												
Postal address																													Ī		$\bar{\Box}$
Province																									Pos	tal co	ode		$\Box$	$\Box$	
Telephone no. incl. area code												С	ell pl	none	no.																
Contact person name										_			Ц			_										Ш		Ш	$\Box$		
Period of employment (YYYYMMDD)	)	Fror	n	4	4	_			_	_			То	4	_	_		4													
Nature of work performed																	-									<u> </u>	L				

C8. REFERENCE PERSON TO THE	: CU	III D		MDI	11 80	DV																								DHA	-288
The reference to the birth is:	. On	IILD .	- <u>.cc</u>	NVIF C	LSO	<u>NI</u>																									
Witness to the birth		Fam	nily n	nemb	er						Leg	al Gu	ıardi	an		Pas	tor / I	Pries	st												
Tribal Authority		Pers	son v	who i	raised	the	pers	son			Soc	ial w	orke	r 1	Ш	Othe	er, pl	ease	spe	cify	<u> </u>										
Identity number			<u> </u>		Ш				<u> </u>	l						Citiz	ensh	ip													
Date of birth (YYYYMMDD)				<u> </u>	Щ					Pass	port	no./F	Perm	ane	nt res	iden	ce p	ermi	no.												
Surname																															
Previous/Maiden surname																															
Forenames in full																															
Physical address Street																															
Town/Village															٠.		1	Prov	ince												
Postal address																															
Province																									Pos	tal co	ode				
Telephone no., incl. area code													C	ell p	hone	no.															
Registered place of birth	stered place of birth Country of birth Country of birth Date (YYYYMMDD)  DECLARATION / OATH / AFFIRMATION																														
Since what date have you been asso																															
	DECLARATION / OATH / AFFIRMATION TE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted																														
NOTE: Commissioner of Oatris mu	DECLARATION / OATH / AFFIRMATION  E: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted																														
l,	E: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted  I,																														
Notice of Birth is true and correct	E: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted  I,																														
Signature of deponent	Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.																														
I certify that before administering	g the	oat	hla	sked	the c	lepo	nent	the	follo	wing	ques	stions	s and	d wro	te do	wn h	nis or	her	ansı	wers	in hi	s or	her p	rese	nce:						
(1) Do you know and understa	nd th	ne co	onter	nts of	this	decla	aratio	on?					Ans	wer:																	
(2) Do you have any objection	to ta	king	the	pres	cribed	d oat	h?						Ans	wer:																	
(3) Do you consider the prescr	ibed	oath	aş l	bindi	ng or	you	r coi	nscie	ence	?			Ans	wer:																	
I certify that the deponent has a											stan	ds th	е со	nten	ts of	this o	decla	ratio	n wh	nich v	vas :	swor	n to/a	affirn	ned b	efor	e me	and	that	the	
deponent's signature or mark w	as at	ffixed	d to t	the d	eclar	ation	in m	ny pr	eser	ice.																					
Signature of the Commissioner	of O	otho																			Ι		Office	e sta	mn -	OFF	ICE	OF C	PIC	NI	
Signature of the Commissioner	or O	aıns																				,	JIIIC	e Sta	nip -	OFF	ICE	OF C	INIG	IN	
Full first names and surname																					.										
Designation (rank)																					.										
Business Address																					.										
Date										Plac	е										.										
The deponent and the Commis	ssio	ner d	of Oa	aths	to ini	tial	each	paç	ge of	the .	Affid	lavit.									L.,	*************							***************************************		
E. FOR OFFICIAL USE ON	LY	- 0	FFI	CE	OF	OR	GI	N													Ĭ.		Offic	e sta	mp -	OFF	ICE	OF C	RIG	N	
NOTICE OF BIRTH RECEIVED BY:													′																		
Stat Birth		Date	e (Y)	YYYN	/MDE	)																									
O S M		Initia	als a	nd Si	uman	ne																									
<u></u>			natur						1						 1																
		Pers	sal n	umbe	er	į		L	L	Ш					J						L		••••••	***************************************							

DHA-288/B



# DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

# ANNEXURE 2C AFFIDAVIT GIVEN BY NEXT OF KIN / LEGAL GUARDIAN

## [Births and Deaths Registration Act 51 of 1992] [Section 9(3A) and Regulation 6(7)]

To be completed by the next of kin/legal guardian . The next of kin/legal guardian and Commissioner of Oaths to initial each page. To be submitted
together with DHA-24 form. The form must be completed in BLACK INK with BLOCK LETTERS. Please mark 🗹 the CORRECT box, where required.
Applications that are not legible shall not be accepted.

7.pp								•																							
Date of application	Υ	Υ	Υ	Υ	]	Μ	M	]	D	D	]		Re 30	gistra <b>Days</b>	ation	withi	n			gistra ys uj						Reg		ition	after	1	
A. DETAILS OF THE NEXT	OF I	KIN	/ LE	GA	L G	UAF	RDI	٩N						,						,,		,				,	•				
Identity number														]	Citiz	ensi	nip e	.g: R	SA												
Date of birth (YYYYMMDD)									]	Pas	sport	no./	Pern	nane	nt res	siden	се р	ermi	t no.												
Surname																															
Previous/Maiden surname																															
Forenames in full																															
Place of birth												匚		]	Cou	intry	of bi	rth													
Relationship to child		Nex	t of I	kin			Le	gal g	uardi	ian (	Attac	:h pro	oof c	f gua	ardia	nship	) .														
Current contact address Street														L																	
Town/Village																		Prov	ince												
Telephone no., incl. area code											]	C	Cell p	hone	e no.																
E-mail address																															
Postal address													I																		
Province																									Pos	tal co	ode				
Are you listed on the sexual offence	s reç	gister	r?		Yes			No		If ye	es, pl	ease	e pro	vide	detai	ls															
B. DETAILS OF THE CHILD	/ PE	ERS	OŅ																												
Surname as at birth		Г	Т	Г	Ι	Ι	_	Г	Γ		Г	Г	T	Г	Г			Γ.			Г	Г	Г	Г	Γ-						
Forenames in full	_		┪	<del>                                     </del>	Ħ		T	T		<u> </u>		一	t	F	T					$\overline{\Gamma}$	<u> </u>	Г	T	T				H	一		一
Date of birth (YYYYMMDD)	F		T				T	Ħ	Ī	Sex		〒	Ħ	Ħ	T				L	L	L				·						
Place of birth	F		T	T	$\overline{\Gamma}$	T	T		Ħ	Г	Г	一	†	T	T				Г	Ι	Γ	Γ	<u> </u>	Г	1						
Contact number							Ī					텉		] (	Cell p	hone	no.							Ī	Ĺ			]			
C. DETAILS OF THE CHILD	'S G	RAI	NDF	PAR	EN7																										
Identity number	_	Ι	Г	Γ		Г	Г		T	Г	_		Т	1	Citiz	enst	nip e	.g: R	SA		·	Г	Τ-	Т	Г						
Date of birth (YYYYMMDD)				T	<del>                                     </del>	T		T	Р	assp	ort n	10./P	erma	נ inent				-					<del>                                     </del>	十	T				$\Box$		П
Surname	F		Ī			Ī		Ī	İ		Г	Г	1	Г						Ī			İ	Ī	Ī				П		一
Forenames in full												Ī	T	Ī	Ī																Ħ
Date of birth	Y	Y	Υ	Υ	М	М	D	D	i						-		Sex							T	Ì						
Place of birth	$\overline{}$		T	T			F	F	Ĺ	T-	Г	Г	Т	1	Cou	ntry	of bi	rth						T	İ						
Current contact address Street	_		<u> </u>	T	<del>                                     </del>		T	T				T	T	İ		ń					$\overline{}$		T						$\Box$		T
Town/Village	Τ						Ī						Ť					Prov	ince					Ī							
Telephone no., incl. area code								Γ				- 0	Cell p	hone	e no.																
E-mail address	Γ		Π		Γ	Γ	Π	Π	П	Г		Π	Τ	Γ	П							Г	Π	Π	Π						
Postal address							Г	Π				Π	Г	Г							Г		Г	Г	Π				П		一
Province							Г						T	Г						•					Pos	tal co	ode		$\Box$		一
Specify type of grandparent		Gra	ndm	othe	r			Gra	ndfa	her							'														
D. COMPULSORY - REASO	NS	FOF	R MA	KIN	NG A	AN A	٩PP	LIC	ATIC	) N	FOR	ł A F	BIR	гн С	CER	TIFI	CA.	ſΕ													
l,													kin / I																		
reason(s):					•	decl	are t	hat I	regi	ster	the b	irth c	of the	e abo	ove m	entic	oned	child	ins	tead	of pa	areni	s be	caus	e of	the fo	ollow	ing			
The demand of the Co.						141 - 1					A &																				
The deponent and the Commi	ssio	ner (	ot Oa	aths	to in	itial	eacl	pag	ge of	the	Atfid	avit.																			

																	DHA-288/B	٦
E.	DECLARATION	NOTE: Comm	nissioner	of Oaths	must	be ar	auth	oris	ed Dh	IA of	ficia	l at t	he o	ffice	wh	ere a	pplication is submitted	
	I.							the r	next of	f kin /	lega	l guar	dian,	here	eby d	eclare	e under oath/affirm that the information	-
	submitted in this Affid Registration Act 51 of		ce of Birth	is true an	d corre	ct, and	l I und										nder section 31 of the Births and Deaths	
	I certify that before ac	dministering the o	ath/affirma	ation I ask	ed the	depon	ent the	e follo	owing	quest	ions	and w	rote	dowi	n his	or he	er answers in his or her presence:	
	(1) Do you know and	d understand the	contents o	f this dec	laration	?			Aı	nswer	:							
	(2) Do you have any	objection to taki	ng the pres	scribed oa	ith?				Aı	nswer	:							
	(3) Do you consider	the prescribed or	ath as bind	ing on yo	ur cons	cience	?		Aı	nswer	:							l
	Signature of deponer	nt											Date	(YY	ΥΥN	MDD		
	I certify that the depo deponent's signature							stand	s the	conte	nts o	f this	decla	ratio	n wh	ich w	as sworn to/affirmed before me and that the	
						,												
	01		L _															
	Signature of the Com	imissioner of Oati	ns															
	Surname			<u> </u>	<u> </u>	<u> </u>	11	_			<u> </u>	<u> </u>	Щ	_				- 1
	Forenames				$\perp \perp$				L									
	Persal number				<u> </u>													
	Designation (rank)																	
	Business address																	-
											$\mathbb{L}$							
																Γ		
					$\prod$													
		Area code															Departmental Stamp	
	Date	YYYY	м м	D D	]													
	Place					$\prod$					L					L		
F.	FOR OFFICIAL U	JSE ONLY -	OFFICE	OF OR	IGIN											Γ		
NO	TICE OF BIRTH AND	AFFIDAVIT RECI	EIVED BY:														Departmental Stamp	
	Surname			П	П		П									-		
	Forenames	TTTT	T	T	П	T	T		T	T	Т							١
	Persal number		TT		1											L		
	Date	YYYY	м м	D D	j													
	Signature			·····			-											
The	deponent and the Co	ommissioner of	Oaths to i	nitial eac	h page	of the	Affida	avit.										



#### DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

DHA-288C

### ANNEXURE 2D AFFIDAVIT FOR CONFIRMATION OF PATERNITY FOR CHILDREN BORN OUT OF WEDLOCK

#### [Births and Deaths Registration Act 51 of 1992]

To be completed by the BIOLOGICAL FATHER of a child born out of wedlock. To be submitted together with DHA-24 or DHA-24/LRB. The biological father MUST present his original ID document when confirming paternity. The form must be completed in BLACK INK with BLOCK LETTERS. Please tick ☑ the CORRECT box, where required. Applications that are not legible shall not be accepted. Paternity tests to accompany this

L F	ATH	IER																											
															Citiz	ensl	nip												
Υ	Υ	Υ	Υ	М	М	D	D								P	ermi	t no.												
																	Prov	ince											
																	C	ell pl	none	no.									
																								Pos	al co	de			
														Cour	ntry (	of bi	rth												
			_	Ι	Ι				Г	Ι-	Γ-	<u> </u>		П	7		Г						Ι	Г			Γ-		Γ
H	$\vdash$		_	$\vdash$	_		_	$\vdash$	$\vdash$	_	_	$\vdash$	Н	H	$\dashv$		$\vdash$	Н		$\vdash$	_		_			_	_		<u> </u>
Н	<u> </u>	L_	<u></u>	<u> </u>	<u></u>	_	<u> </u>	<u>L</u>		<u> </u>	<u> </u>	L	Ш			_	<u> </u>	Н		L		_	<u> </u>	<u></u>			L		L
Y	Y	Υ	Υ	М	М	D	D	_		_	r							Щ						<u> </u>					
$\sqsubseteq$			<u> </u>	<u></u>	<u>_</u>			<u>_</u>	<u>_</u>		<u> </u>	<u> </u>		Ш	-	Prov	ince	Ш		L			<u> </u>	L	-		<u> </u>		L
																								Pos	al co	de	L		L
																	Prov	ince											
	П								Π						Citiz	ensi	nip												
Y	Υ	Υ	Υ	М	М	D	D									Р	ermi	t no.											
П								, T	Π	<u> </u>	Γ	ĺ																	
Ħ	F		_						$\overline{\Gamma}$	F	$\overline{\Gamma}$	, 		П	_	-										_			<u> </u>
H	H		H	$\vdash$	=		_	_	$\vdash$	$\vdash$			Н	$\exists$			<u> </u>				_		_	П				Н	_
Н	$\vdash$	_	$\vdash$	$\vdash$	<u> </u>		_	=	$\vdash$	$\vdash$	<u> </u>	$\vdash$	H	$\dashv$		_	<del> </del>	H		$\vdash$	=		$\vdash$	Н	-	_	$\vdash$	$\dashv$	$\vdash$
H	$\vdash$	_	<u> </u>	<u> </u>			_	_	$\vdash$	<u> </u>	<u> </u>	_	H	$\dashv$	$\dashv$		_	H	_		_		<u> </u>	H	=	_	_	$\dashv$	$\vdash$
닏	닏			<u></u>	L		L		<u></u>	<u></u>	<u></u>	<u>_</u>	Щ	4	_		L	Ц.						Щ	_			Ц	<u></u>
닏	닏		<u>_</u>	<u></u>				<u>_</u>	<u> </u>	<u></u>	<u> </u>	<u></u>		Ш						Щ	_		<u></u>	Щ	_			$\sqcup$	<u>_</u>
لي			<u>_</u>	<u>_</u>					<u> </u>	_		_					C	ell pl	none	no.	_		<u>_</u>	Щ	_			Ц	<u>_</u>
,	1								<u> </u>		<u>_</u>																		
	ட		_						Г																				
								<u> </u>																					
																								Post	al co	de			
														Caur		of his	rth							Post	al co	de			<u> </u>
s mu	ıst b	e an	auti	noris	ed D	НА	offic	ial a					affid	Cour avit i	s su	bmi	tted	he in	form	ation	suh	mitte	ed in				and t	ne Ne	otice
	Y	Y Y	Y Y Y Y	Y Y Y Y Y	Y Y Y Y M	Y Y Y Y M M	Y Y Y Y M M D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D	Y Y Y Y M M D D		Y Y Y M M D D	Citiz Y Y Y Y M M D D P Country Y Y Y M M D D Citiz	Citizensi  Y Y Y Y M M D D  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Citizensi  Permi  Citizensi  Citizensi  Permi  Citizensi  Citizensi  Permi  Citizensi  Citizensi  Permi  Citizensi  Permi  Citizensi  Permi  Citizensi  Citizensi  Permi  Citizensi  P	Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Province Citizenship Province Citizenship Province Citizenship Province Citizenship Province Citizenship Province Citizenship Province Citizenship Province Citizenship Permit	Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Province  Citizenship  Citizenship  Citizenship	Citizenship Permit no.    Y   Y   Y   M   M   D   D   Permit no.	Citizenship Permit no.	Citizenship Permit no.	Citizenship	Citizenship Permit no.    Y Y Y Y M M M D D   Permit no.	Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Permit no.  Citizenship Citize	Citizenship Permit no.	Citizenship Permit no.	Citizenship Permit no.	Citizenship Permit no.

I certify that before administering the oath/affirmation I asked the deponent the follo	owing questions and wrote down his or her answers in his or her presence:
(1) Do you know and understand the contents of this declaration?	Answer:
(2) Do you have any objection to taking the prescribed oath?	Answer:
(3) Do you consider the prescribed oath as binding on your conscience?	Answer:
I certify that the deponent has acknowledged that he/she knows and understands the signature or mark was affixed to the declaration in my presence.	the contents of this declaration which was sworn to/affirmed before me and that the deponent's
Full first names and surname	Office stamp - OFFICE OF ORIGIN
Designation (rank)	
Business Address	
Place	e
The deponent and the Commissioner of Oaths to initial each page of the A	Affidavit.



## DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

DHA-25

# ANNEXURE 3 ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF BIRTH

[Births and Deaths Registration Act 51 of 1992]

																	Ī	•									
IT IS HEREBY ACKNOWLED BELOW HAS BEEN MADE BY																										TIOI	1 A
A. DETAILS OF THE CHILD										 		 				 											
Surname									Π		1										Γ	Π	Π				
Forenames in full			Π						Π	Γ	Ī		Π				Π	Ī									
Date of birth	Υ	Υ	Υ	Υ	М	М	D	D	Ī				-	Sex	:								-	*********			
Town/City of birth													]	Prov	ince												
Country of birth																											
B. DETAILS OF PARENTS												 	 	-		 											
Identity No. Mother / Parent A													Citiz	zens	hip												
Surname																											
Forenames in full																											
Identity No. Father / Parent B													Citiz	zens	hip												
Surname																											
Forenames in full																											
THIS DOCUMENT IS NOT A BIR THE NATIONAL POPULATION I																				RHE	RN	IAM	E IS	INC	LUD	ED II	N
																						ont-Human					
DIRECTOR-C	3ENI	ERA	L			-												,	Office	e sta	тр -	OFF	FICE	OF (	ORIG	IN	
YYYY	М	М	D	D																	more to Wester	***************************************		***********	******************************		



836DEA

PARTICULARS FROM THE POPULATION REGISTER ( R.O.:

## UNABRIDGED BIRTH CERTIFICATE

CHILD SURNAME: FORENAMES: IDENTITY NUMBER:

GENDER:

DATE OF RISTH:

PLACE OF BIRTH: COUNTRY OF BIRTH:

MOTHER:

IDENTITY NUMBER:

MAIDEN/SURNAME:

FURENAMES:

DATE OF BIRTH: PLACE OF BIRTH: COUNTRY OF BIRTH:

FATHER:

IDENTITY NUMBER:

SURNAME: FORENAMES:

DATE OF BIRTH: PLACE OF BIRTH: COUNTRY OF BIRTH:

ENDORSEMENTS:

REGISTERED AT PRETORIA

DIRECTOR-GENERAL: HOME AFFAIRS

:OFFICIAL DATE STAME :

DATE PRINTED:

iseven by:

G.P.-S. 017-0666



# **DEPARTMENT: HOME AFFAIRS**REPUBLIC OF SOUTH AFRICA

#### **DETERMINATION OF CITIZENSHIP STATUS**

INFORMATION TO BE FURNISHED IN FULL IN ORDER TO ASSIST IN DETERMINING YOUR CITIZENSHIP UNDER THE SOUTH AFRICAN CITIZENSHIP ACT, 1995 (ACT 88 OF 1995), WHICH CAME INTO OPERATION ON 6 OCTOBER 1995

Α.	PEF	PERSONAL PARTICULARS	
1.	SUF	SURNAME 2. MAIDEN NAME	
3.	FOF	FORENAMES (in full)	
4.	DAT	DATE OF BIRTH 5. PLACE OF BIRTH	
6.	IDEI	DENTITY NUMBER	
7.	If bo	f born outside South Africa, please state—	
	(a)	a) Date on which you first entered South Africa for permanent residence	
	(b)	b) The period(s) (dates) of your residence in South Africa	
	(c)	c) Number of immigration permit and date of issue	
	(d)	d) Number of certificate of naturalisation and date of issue	
8.	If bo	f born in Namibia, please state your permanent residential address as on 1990-03-21	
9.	If yo	f you were absent from South Africa state—	
	(a)	a) Date(s) of your departure	
	(b)	b) Reason(s) for your departure	
	(c)	c) The date on which you returned to South Africa permanently	
10.	Part	Particulars in respect of foreign citizenship:	
	(a)	a) Citizenship acquired (country) (b) Date and place of acquisition	
	(c)	c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration? (Plea	se attach copy/proof
		thereof)	
	(d)	d) Did you apply for the retention/re-instatement of South African citizenship? YES/NO. If YES, attach a copy of	the relevant certificate.
11.	Date	Date of marriage of your parents 12. Place of marriage of your parents	
в.	MA	MARITAL STATUS	
1.	Plea	Please furnish the following particulars in respect of your spouse:	
	(a)	a) SURNAME (b) MAIDEN NAME	
	(c)	c) FORENAMES (in full)	
	(d)	d) DATE OF BIRTH (e) PLACE OF BIRTH	
	(f)	f) IDENTITY NUMBER OF YOUR SPOUSE	
	(g)	g) Date on which he/she entered South Africa for the first time for permanent residence	
	(h)	h) Period(s) (dates) of residence in South Africa	
	(i)	i) Date of your marriage(j) Place(j)	
	(k)	k) If applicable, the date of your husband's/wife's death or your divorce	
	(I)	Nationality of your spouse	

C.	FAI	HEN 3 PARTICUL	ANS										DIIA -023
1.	SUR	NAME				•••••						•••••	
2.	FOR	RENAMES (in full)											
3.	DAT	E OF BIRTH				•••••			4. P	LACI	E OF	BIRTI	Н
5.	IDE	NTITY NUMBER											
6.	(a)	If he was born outsid	de South	Africa, tl	he da	ate or	n whi	ch he	entere	d So	uth	Africa	for the first time for permanent residence:
										• • • • • • • • • • • • • • • • • • • •			
	(b)	Period(s) (dates) of his	s residenc	e in Sou	th Afr	ica							
	(c)	Number of immigration	n permit aı	nd date o	of issu	ле					•••••		
	(d)	Number of certificate of	of naturalis	sation an	d dat	e of is	ssue .						
7.	If he	was absent from Sout	h Africa st	ate—									
	(a)												
	(b)												
	(c)	Date on which he retu	rned to So	outh Afric	a per	mane	ently				•••••		
8.	Part	iculars in respect of for	_										
	(a)		•						, ,			•	of acquisition
	(c)	Means of acquisition of	of foreign o	itizenshi	p, i.e	. marr	riage,	natura	lisation	i, des	scent	or reg	jistration?
D.	МО	THER'S PARTICUI	LARS										
1.	SUR	NAME							2. N	IAIDE	EN N	AME	
3.	FOR	ENAMES (in full)											
4.	DAT	E OF BIRTH							5. P	LACI	E OF	BIRT	Н
6.	IDE	NTITY NUMBER			T	Π							
7.	(a)	If she was born outsi	ide South	Africa, t	he da	ate or	n whi	ch she	entere	ed S	outh	Africa	for the first time for permanent residence:
	(b)	Period(s) (dates) of he	er residend	e in Sou	ıth Af	rica							
	(c)	Number of immigration	n permit aı	nd date o	of issu	əı					•••••		
	(d)	Number of certificate of	of naturalis	sation an	d dat	e of is	ssué .						
8.	If sh	e was absent from Sou	uth Africa s	state —									
	(a)	Date(s) of her departu	ıre										
	(b)	Reason(s) for her dep	arture						•••••				
	(c)	Date on which she ret	urned to S	outh Afri	ica pe	erman	ently						
9.	Parti	iculars in respect of fore	eign citize	nship:									
	(a)	Citizenship acquired (	country)						(b) <b>[</b>	Date	and	place	of acquisition
	(c)	Means of acquisition of	of foreign o	itizenshi	p, i.e.	marr	iage,	natura	lisation	, des	cent	or reg	istration?
E.	CEF	RTIFIED THAT THE	INFOR	МАТІО	N FL	JRNI	SHE	D AB	OVE	IS C	OR	RECT	г
	DAT	E							ADIS	<b>J</b> ATLI	IRE		
	5/11												
													BER



REPUBLIC OF SOUTH AFRICA

DHA-1682

#### DEPARTMENT OF HOME AFFAIRS

# APPLICATION FOR INSERTION OF UNMARRIED NATURAL FATHER'S PARTICULARS IN THE BIRTH REGISTER OF A CHILD BORN OUT OF WEDLOCK

[Section 11(4) and (5) of the Births and Deaths Registration Act 51 of 1992]

To be completed by THE BIOLOG	CICAL EAT	UED	of th	o obil	d bo	m out	of w	odloo	k in I	BI AC	K INK	with	BI Of	- K   E		e T	he i	euhm	itted (	ogeth	or w	th Di	-IA-2	م Dia	200	tick I	v/ 1+1-		) P P F	CT b	OV 14	hore
o be completed by THE BIOLOG equired. <b>Applications that</b>																																
parent is a non-South Afric	an citize	n w	ho d	loes	not	hold	peri	man	ent r	esid	ence	or r	efug	ee s	tatus	in t	he R	epul	blic.													
A. CHILD																																
dentity number	[							]					]																			
urname	[																															
orenames (in full)																																
Place of birth										<u> </u>	<u> </u>	<u> </u>												<u> </u>					<u> </u>			
. NATURAL FATHER																																
dentity number								]					]																			
Gurname																															the second	ama
Forenames (in full)																															je su	5
Place of birth																															,	down
Country of birth																															all the street of fast of	100
Citizenship	ſ												Perm	anen	t resid																	•
Residential address	Street														Ĺ																	
Town	/ Village																										Cod	e				
Provir	nce							Π	Ī	Π		Π												Γ				Γ				
Felephone no., incl. area code	Ī													Cell	l phon	e no.								Ī				•				
-mail address	Ī																								Ē							
Postal address	Ī																															
	Province																								Posta	al cod	е					
. NATURAL MOTHER																																
dentity number	Г	$\neg$					l	]	Γ			Γ	]																			
Surname	Ī																							]							, de	
Maiden/previous surname	Ī	T																						]							40	
Forenames (in full)	Ī	T																						]							eft thumborint of mother	da
Place of birth																								]							4	
Country of birth																		-						]								
Residential address	Street																							l								
Town	/ Village															-											Code	Э.				
Provin	nce [																															
Telephone no., incl. area code														Cell	l phon	e no.																
E-mail address																																
Postal address	<u> </u>										<u> </u>																					
	Province							L		<u> </u>	L	<u> </u>			<u> </u>										Posta	l cod	е		<u> </u>			
D. DECLARATION BY NATUR	RAL FATH	IER																														
, the undersigned, hereby decla	are that:																															
I am the person whose particular	ulars appe	ar ur	nder	B abo	ove a	nd tha	at the	parti	icular	s furr	nishe	d are	true a	and c	оггес	t;																
I am the natural father of the	child referr	red to	in A	abo	ve; a	nd																										
I wish to be recorded as the n	atural fath	ner of	the	said o	child	in his	/her b	oirth r	egist	er.																						
I understand that a false state	ement is pu	unish	able	unde	rsec	ction 3	31 of	the b	irths	and c	leath	s Reg	istrati	ion A	ct 51	of 19	92.															
Signed at				on th	is				_ day	of_																						
Signature																																
orginature																																

I the undersianed here!																								
I, the undersigned, herel	by declare that:																							
I am the person whose	e particulars appear under C over	leaf and tha	at the part	iculars furn	ished a	are true	and o	orre	et;															
I am the natural mother	er of the child referred to in A over	rleaf; and																						
I have no objection to	the natural father referred to in B	overleaf be	eing record	ded as the	natural	father i	n my	child	s birth	reg	ister.													
I understand that a fall	se statement is punishable under	section 31	of the birt	hs and dea	ths Re	gistratio	on Ac	51 0	f 1992	<u>.</u>														
Signed at	on this	s		day of																				
Signature											-										-			_
F. DECLARATION BY	HOME AFFAIRS OFFICER (in ca	apacity as (	Commiss	ioner of O	aths ex	officio	o)																	
I certify that before add	ministering the oath/affirmation, I	asked the d	deponents	the followi	ng que	stions a	and w	ote 1	heir an	swe	ers in the	eir pre	sence	<b>:</b> :										
a) Do you know and und	erstand the contents of this decla	ration?																						
Father:		Mother:																						
b) Do you have any obje	ction to taking the prescribed oath	h?										Offi	e Sta	mp										
Father:		Nother:																						
	rescribed oath to be binding on yo																							
Father:	M	Nother:																						
															Off	ce sta	amp							
	ents have acknowledged that the				ents of	this de	clara	ion v	hich w	/as	sworn to	/affirm	ed b	efore	me a	and th	ne de	pone	nts' s	sigi	nature	s or		
			·																					 _
(				Surnan	пе															Τ		Τ		╛
1	Commissioner of Oaths			Forenam	<u> </u>					$\frac{1}{1}$													$\frac{1}{1}$	
				Forenam	es					I														
	Commissioner of Oaths  Designation (Rank)				es															I				
				Forenam	es																			
	Designation (Rank)			Forename	es						DO		NTS	SUBI	MITT	FD V	VITH	THIS	APPE		CATIO			
G. FOR OFFICIAL USE	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							CUME			MITT	ED V	VITH	THIS	APF	PLI	CATIO	DN:		
	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							ASE	rick	Ø								DN:		
G. FOR OFFICIAL USE APPLICATION RECEIVE	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							ASE Origi	r <b>iCK</b> nal P	☑ atern	ity te							DN:		
G. FOR OFFICIAL USE	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							ASE	r <b>ICK</b> nal P	☑ atern ayme	ity te	st res	sults,	wher				DN:		
G. FOR OFFICIAL USE APPLICATION RECEIVE Surname	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							ASE Origi Proo Copy	rICK nal Paragram of paragram of ch	☑ atern ayme nild's both	ity te ent birth pare	st res	sults, ficate	wher	е арі	plic			T T T T T T T T T T T T T T T T T T T	
G. FOR OFFICIAL USE APPLICATION RECEIVE Surname Forenames in full	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							ASE Origi	rICK nal Paragram of characters of characters	atern ayme nild's both t resi	ity te ent birth pare idenc	certints' id	sults, ficate	wher	е арі	plic	able		ort(s)	
G. FOR OFFICIAL USE APPLICATION RECEIVE Surname Forenames in full	Designation (Rank)  ONLY - OFFICE OF ORIGIN			Forename	es							ASE  Origi  Proo  Copy  Copi perm  DHA	rICK nal Paragraphic of changes of anen description	atern ayme nild's both t resi (if ap	ity te ent birth pare idenc plical ed co	certifints' ide per	sults, ficate dentit mit(s	wher y doc ) urt or	e app	plic	able s)s / p	assp		

		AF	PPL	_IC	ΑT	101		DEF	PAR R A	TME	ENT ENE	OF Ani <b>OM</b>	HO nexi <b>EN</b>	ME / ure 7 T C	OF I	AIRS VIA	RI						OI	- P.	ΑF	REN	۱T	s c	)F		DH	A-59
3115									Bir	ths	and	l De	aths	Re	gistr	atio	n A	ct 5	1 of	199	92]										***************************************	
																				•												
The form to be completed in BLACK  A. I, MOTHER / PARENT A	INF	( with	n BL	ОСК	LE	TTEI	RS. A	Applie	catio	ns th	at a	re no	t leg	ible s	hall	not b	e ac	cept	ed.				L				Baı	r Co	de			
Identity number	_	Π	Г	Г	Ι	Г	1	Г	Г	Т	Т	1	Г	Т	Т	l								Г								7
Passport No.						┪	Ĺ	F	F	┪	T	T	Ħ	T	T	ĺ															,	
Surname									П		Π	Ī	Ī	Ī				Π		Ι	Τ		1								-	lame
Previous/Maiden surname											Π	Π		П	Г			Π	Γ	T	Τ		Ī	ı							1	0 111
Forenames (in full)														Π						Π	$\Box$		j								j	dau
Residential address Street														Π				Π		Π	Τ		j	l								nu l
Town/Village																	С	ode					]									2
Telephone no.											]	F	Prov	ince							$\mathbf{L}$		]									
E-mail address											Π			Π					Γ	Π	Π	Π	1									
B. AND I, FATHER / PARENT B	,		-									-	-				•	•				-	_	=	_							=
Identity number							]					]		Γ										Γ								٦
Passport No.													$L^{}$																		1	200
Surname																							]	l								5
Forenames (in full)																							]									
Residential address Street														$\Box$																	1	
Town/Village																	С	ode					]								4	
Telephone no.												F	rov	ince									]	L								
E-mail address		L_	<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u></u>	<u>_</u>	<u> </u>	L	<u> </u>	<u>_</u>		<u> </u>	<u> </u>	<u></u>	_	<u></u>	<u></u>	_									
C. WE ARE THE NATURAL PAI	REN	ITS	OF	THE	FO	LLC	WIN	IG C	HIL	D (E	BOR	N O	UT	OF V	VED	LOC	CK)															_
Identity number			<u>_</u>	L	L			<u>_</u>	<u>_</u>	L	L	<u> </u>	L	<u> </u>	L				Date	e of	birth	Υ	Ţ		4	Υ	_[	M	M		DI	
Registered Surname			<u> </u>	<u>_</u>	<u> </u>	<u>_</u>	L	<u>_</u>	L	L	_	L	<u> </u>	<u> </u>	L		<u></u>	<u> </u>	<u></u>	Ļ	<u> </u>	<u> </u>	L	<u>_</u>	1	_	ᆜ	ᆜ	4	_	4	╛
Forenames (in full)	_		Date corrected or altered Reason for correction or alteration  Particulars after correction or alteration  Date corrected or altered Reason for correction or alteration  Particulars after correction or alteration  Date corrected or altered Reason for correction or alteration  Particulars given above are to the best of our knowledge and belief true and correct.  punishable under section 31(1) of the Births and Deaths Registration Act 51 of 1992.  Signature of mother  Mother:  Be prescibed oath?  Mother:  Mother:  Mother:  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for correction or alteration  Mother:  Mother:  Date corrected or altered Reason for corrected or altered Reason for c																													
Place of birth		L_	L		<u>_</u>	_		<u> </u>	<u> </u>	_	Ļ	Ļ	Ļ	<u> </u>	<u>_</u>	Щ	L	Ļ	L	Ļ		Ĺ_	L		_		_		ᅶ			الـ
We have been married to each of								l the				_														ate is	s er	nclos	ed.			
Please indicate any previous cor particulars of the applicant's pare Previous particulars		ions	or a																													
	_			<u></u>							==				<u></u>				_				_	_	=		=	_				ᆜ
E. DECLARATION																																
-	mer					-				(1) c	of the	e Bir	ths	and	Deat	-																
COMMISSIONER OF OATHS  1. I certify that before administer	ing	the o	oath	/affir	mat	ion I	ask	ed tl	he d	epo	nent	ts the	e fol	lowir	ng qı	uesti	ions	and	wro	ote t	heir	ansv	we	s in	the	eir pr	ese	ence	:			
a) Do you know and understand     Father:	the	cont	ents	of t	his (	decl	aratio	on?						Mo	ther:																	
b) Do you have any objection to the Father:	takir	ng th	e pr	esci	bed	oati	<b>n</b> ?																									
c) Do you consider the prescribe	d oa	ath to	be	bino	ding	on y	our/	con	sciei	nce?	?																					
													i the				this	decl	arat	ion	whic	h wa	as	nowa	n t	o/affi	irme	ed b	efore	e me	e and	
are deponents signatures and ar	um	<b>J</b>		CIC	piuo	Cui	iici c		-		,	T	_	1				<b>-</b>		_	Т	T	Т	Т	Т	Т	_	_	_		_	7
											$\vdash$	H	H	┢	$\vdash$	H		H	_	$\vdash$	十	$\vdash$	H	十	÷	+	+	+	十		十	╡┃
Signature of Informa	nt					Bı																	Ė		İ	1	<u> </u>					
Commissioner	of (	Oath	ıs																							(	Offic	e st	amn			
Designation (F	Rank	k)																									.,,,	J 50				

G. FOR OFFICIAL	USE	ON	LY.	· OF	FIC	E OI	- OF	RIGII	V										DOCUMENTS SUBMITTED WITH THIS APPLICATION:
APPLICATION RECE	IVE	BY	:																PLEASE TICK ☑
Surname														$\Box$					New DHA-24 form
Forenames in full												I	I	I		Π	Π	Π	Marriage/customary/civil union certificate or affidavits from family members if applicable
Persal No.																			Copy of child's birth certificate
Date	Υ	Υ	Υ	Υ		М	М		D	D									Death certificate (if applicable)
																			Other, specify
Signature											 								Attached print out of online verification
H. HEAD OFFICE U	JSE	ONI	LY																
APPLICANT APPR	OVE	D B	Y:																
Surname			Ė										I	$\Box$					Status: Approved Rejected
Forenames in full													Ī	Ī					]
Persal No.																			
Date	Υ	Υ	Υ	Υ		М	М		D	D									Signature

46 - 537 - 85															FRIC																DH	-85
								DEF	PAR	TME	NT	OF	HOI	ME	4FF/	AIRS	•															
				F	\PF	PLI(	CA	TIC	DΝ			ire 8 <b>AL</b>		R/	ATIO	ON	OF	FF	OF	(E)	IA	ME	s			Г						7
					[Se	ctio	n <b>24</b>	of	he I	Birth	ıs a	n <b>d [</b>	Deat	ths i	Regi	stra	tion	Act	t 51	of 1	992	3				1		Ва	r Co	de		l
The form to be completed in BLACK INM APPLICATION FOR THE ALTER				ETTE	RS.	Applic	ation	ns tha	t are						cepte	ed.			OR				OE.	MV	СП			-		_		_
A. PARTICULARS OF THE APP											<u></u>				<u> </u>						-11V) L	.(0)										
			•					,								_																_
Identity number															<u></u>					_	,		_									$\left[ \right]$
Surname	Щ					Ш				_	<u>_</u>	<u>_</u>	<u> </u>	L	<u> </u>		<u></u>	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	إ								Left thumbprint of applicant	
Forenames (in full)						Щ		<u> </u>		<u></u>	<u> </u>		<u> </u>	<u></u>	<u></u>	<u> </u>		Ĺ		<u> </u>	<u></u>	<u></u>	j								f appl	
Date of birth	Y	Υ	Υ	Υ		М	M		D	D	_	_		_	т—			T	_	т—	_	т-	7								rint o	
Place of birth (Town)  Residential address Street	Н	_				Н	_		_	_	_	<u> </u>	<u> </u>	╁	$\vdash$	_		┢	$\vdash$	十	H	╁	┪								umbp	
Town/Village	Н				_	Н	_		_	_	_	┢	┢	$\vdash$	$\vdash$	l l	L	ode	十	十	H	╁	┪								eff th	
Telephone number	Н					Н	_		_		<u> </u>		Ц		L	j				L			j								7 €	1
Cell phone number	П									$\overline{}$		Fax	(		Т	Г	Γ	Т	Τ	Τ	Т	T	Τ	Ť	٦							J
E-mail address												Π	Τ		Ī			Ī	Ī	Ī	Ī	1										
B. PARTICULARS OF CHILD (	urre	ent f	ore	nam	es)	(con	nple	te o	nly	if at	pliq	cabl	e)		-																	
Identity number						$\Box$			Ĺ			]	Ė		Γ	1			Date	e of	birth	Y	T	小	Τ,	Y	Ţ,	M N	V	[	) [	7
Surname												Ĺ				Ė				L	L	Ī	İ	Ī	İ	Ī	Ī	İ	Ī	Ī	Ī	j
Forenames (current, in full)																							Ī	Ī	Ī		$oldsymbol{\mathbb{I}}$	Ī		Ī	I	j
																							L	I	Ţ	$\perp$	$\bot$	$\perp$	$\perp$	Ţ	I	]
Place of birth	Ш												L_	_	Ļ		L_	L_	ᆫ	<u>Ļ</u>	_	_	L	L	L			_			L	L
Relationship to the child				Par					'			ent B		<u></u>	Nex	ct-of	-kin		<u> </u>	Le	gal g	juar	diar	ı (At	taci	n pro	of o	f gua	ardia 	nsh.	p)	
C. STATE THE FORENAME(S)	IN F	ULI	_ AS	IT S	SHO	ULD	ВЕ	AF	TER	AL	TER	ATI	ON:				_		_		_	_	_	_	_	_		_	_			7
	H					Н						<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	$\vdash$	$\vdash$	十	누	╪	+	+	+	+	+	+	+	┥
	Ш					Ш						L	L	<u> </u>	<u> </u>	L	<u> </u>	L			<u></u>											L
STATE THE REASONS FO	R TH	IE C	CHA	NGE	OF	FO	REN	MAI	E(S	)																						
																																-
																																-
																																-
																	Date	e sig	ned	Υ	Υ	Υ	Y			VI I	M		) [			
Signature of application	ant																															
D. PREVIOUS CORRECTIONS																														_		
Please indicate any previous cor changes to such particulars of th						s to t	ne a	appli	cant	's pa	artici	ulars	s (su	ich a	is su	rnar	ne, 1	tore	nam	e, p	ace	of b	urth	, dai	te o	l birl	.h, ge	ende	er) or	any		
Previous particulars				F	Parti	cular	s af	ter c	orre	ctio	n or	alte	ratio	n		Date	е со	rrec	ted o	or al	tere	d	F	Reas	on	for c	orre	ction	n or a	alter	ation	]
			_												L								-									4
				_						,					<u> </u>								╀									4
															┝								╀									1
			_												-								+									1
E. FOR OFFICIAL USE ONLY -	OFF	ICF	OF	OR	IGIN	<u> </u>																	_									
APPLICATION RECEIVED BY:																		Г														1
Surname																																
Forenames in full																	ĺ															l
Persal No.																																
Date Y Y Y	Y		М	M		D	D																									١
DOCUMENTS SUBMITTED WITH THE PLEASE TICK ☑	THIS	APF	PLIC	ATIC	N:																			Offic	e St	amı	)					J
Proof of payment											Pro	of of	lega	ıl aus	ırdiar	shir	(if a	nnlic	able	٠)												
Copy of applicant's birth certific	ate											er,sp	-	-		.0	(	.рр	,	,												
Copy of child's birth certificate (	if app	olical	ble)																						_							
Copy of permanent residence of applicable)	ertific	ate	(if						_	Sign	natu	re													_	_			_			
F. HEAD OFFICE USE ONLY																																
Application approved by:																																
Surname																Sta	tus:		Арј	orov	ed		]	R	ejec	ted	Г					
Forenames in full																																
Persal No.																															_	
Date Y Y Y	Y		N/	M	- 1	D	D.															Si	ana	ture								- 1

DHA-193

Barcode

Annexure 9

			Α	PP	LIC	ΑT	10	N F	:OI	R A	LT	ER	AT	101	N (	)F	SU	RN	ΑN	ΙE	OF	М	INC	OR							
				[3	Secti	ion 2	25 o	f the	Birt	ths a	and I	Deat	hs F	Regis	trat	tion /	Act 5	1 of	199	2]											
This form MUST be completed in BLACI	( INK	<b>(</b> with	h BL	оск	LETT	ERS	. Арр	licati	ons ti	hat a	re no	t legit	ole sh	all no	t be	acce	pted.														
A. I, *FATHER / MOTHER / LEC	AL	GU	JAR	DIA	V (* c	circl	le w	hich	is a	app	lical	ole)																			
Identity number							]					]				]	Date	of bi	irth	Υ	Υ	Υ	Υ	]	М	М		D	D		
Surname																										Π					
Forenames (in full)																															
Place of birth																		$\Box$													
Residential address Street												$\prod$																			
Town / Village																		$\Box$								]co	de				
Telephone no., incl. area code											Cel	llphor	ne nu	ımbe	r									Γ		]Pro	vinc	e l			
E-mail address																															
Postal address																															
Province																	]							Pos	stal	code	Э				
OF THE CHILD																															
Identity number							]				Ι	]				]	Date	of bi	irth	Υ	Υ	Υ	Υ	]	М	М	]	D	D		
Surname																															
Forenames (in full)																															
Place of birth																															
do hereby apply that his / her s	urn	nam	e be	e alt	ered	to:																									
																		$\Box$													
B. THE REASON FOR MY APP	LIC	ATI	ON	IS A	SFC	OLL	ow	S: P	leas	se ir	ndica	ate v	vith	а		1	the	reas	son	wh	ich	is a	ppli	cabl	е						
My child was born or	ut of	f we	dloc	k ar	nd I a	m n	ow I	marı	ied	to s	ome	one	else	othe	er th	nan t	he na	atura	l fat	her	of n	ny c	hild								
The marriage with the	e na	atur	al fa	ther	of m	ıy cl	hild l	has	beeı	n di	ssolv	/ed t	hrou	gh d	livo	rce /	deat	h an	d I r	ema	arrie	d									
As a widow / divorce	elr	resu	ıme	d my	/ mai	iden	sur	nam	e/p	rev	ious	mar	ried	surr	am	е															
The birth of my child surname	out	t of v	wed	lock	has	bee	n re	giste	ered	unc	ler th	ne su	ırnaı	me c	of hi	s/he	r nati	ural r	not	her	/ fati	her a	and	l wis	sh fo	r hir	n/he	r to a	assu	me	my
I am the guardian of	the	min	or (1	for th	e pur	pose	e of t	his s	ectio	on "g	uard	ian ir	clud	es ar	ту р	ersor	who	has i	n la	w or	in fa	ict cı	ıstod	ly or	cont	rol o	f the	child	)		
		,	· .		-																				,		_		_		
Signature of father / mot	her i	/ gu	ardi	an												Dat	e sig	ned			Υ	Υ	Υ	Υ	J	М	М	]	D	D	

C. PREVIOUS CORRECTIO																														
Please indicate any previous	corre	ection	s o	<u> </u>										as						·										
Previous particulars				+-	Particu	lars a	fter	corr	ectio	on or	alte	ratio	n	-	Dat	e co	rrec	ted (	or al	tere	d	Re	easo	n fo	r cor	recti	on c	or alt	eratio	)n
				+-										-								-								
				+-										-																
				+-										-								├-								
				+-										┝								<u> </u>								
																						<u> </u>								
D. CONSENT OF BIOLOGIC	CALF	ATH	ER	(com	plete	if apı	olica	ble)	)																					
I, BIOLOGICAL FATHER																														
Identity number	Г	Т	T	T	П	1		Т	Τ	Γ	7				1	Date	e of	birth	Υ	Y	Υ	Υ	1	М	М		D	D		
Surname	Ē		Ī				Ī	T	Ī		Ī																			
Forenames (in full)			Ι				Ι																							
Place of birth	Г	1	Τ	T		Τ	Ι	Τ	Ι	Γ					Π			Π			Π	Π							T	
Residential address Stre	eet		Ī	T	П	Т	T	T	T	T	T			Γ	Π		T	Π	Г	Γ	Т	Ī						П	T	
Town / Villa		<del> </del>	T	T	IT	Ť	T	T	T	T	╁		I	H	T	<u> </u>	T	T	T	T	T	T			Cod	40		H	Ħ	ヺ
		+	<u>_</u>	_		+	<u>_</u>	+	<del>_</del>	 ]		L	٠.	L		L	<u> Т</u>	 	 T	<u> </u>	 T	<u> </u>	 	l	1			一	$\dashv$	<u> </u>
Telephone no., incl. area code	F	<del>-</del>	Ļ	-		+	<u> </u>	<u> </u>	<u> </u>	Cel	llphor	ne nu	ımbe	r	Ļ	_	_	_	_	_	<u> </u>	<u> </u>	_		Pro	vinc	e	Щ	+	_
E-mail address	Ļ		<u> </u>	<u> </u>			L	_	<u> </u>	<u> </u>	<u> </u>				<u> </u>		<u> </u>	<u>_</u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>					Щ		_
Postal address	L		Ļ			_	L	1	L	L	<u> </u>				<u> </u>	L						<u></u>						Ш	_	
Provir	nce							_			<u>.</u>				<u> </u>								Pos	stal o	code			Ш	L	
OF THE CHILD																														
Identity number			Τ												]	Date	e of	birth	Υ	Υ	Υ	Υ	]	М	М		D	D		
Surname								I																						
Forenames (in full)			I																											
Place of birth	Γ	T	Τ				Τ	Τ	Π																					
do hereby consent that his	/ her	surn	am	ne be	altered	to:																								
											<u> </u>				<u> </u>			<u> </u>			<u></u>									
Signatur	e of b	iolog	ica	l fathe	r		-							Da	te si	aneo	d		Υ	Y	Y	Y	]	М	М		D	D		
E. FOR OFFICIAL USE ONL	Y - C	FFIC	Ε (	OF OF	RIGIN																DO	CUM	IENT	'S SI	JBM	ITTE	D W	/ITH 1	THIS	
APPLICATION RECEIVED BY:																							ATIC							
Surname	Т	T	Τ		П	Т	Τ	Τ	Τ	Τ			T	Γ			1				PLI	EASE	E TIC	ĸ	<b>✓</b>					
Forenames in full	Ť	Ť	Ī	Ī		T	T	T	Ī	Ī	İ						j					Cop	by of	child	's bir	th ce	rtific	ate		
Persal No.			Ī														-					Pro	of of	payr	nent					
Date	Υ .	ΥY		М	М	D	D	] ′														Cop	y of	moth	ner's	ident	ity d	ocum	ent	
																							oy of					n con	sent	
Signature										F	Rank										Г							ty do	cume	nt (if
								_	٦										-		_	٠.	licab							
Office stamp									]Do	cume	entary	/ pro	of of	cus	tody	if ap	plica	ible)				-							pplica	
									Co	urt or	rder (i	if app	plica	ble)							İ		y of pplic		h cer	tifica	te of	biolo	gical	father
									Oth	er, s	pecif	у										Cor	ov of	divor	rce o	rder	(if ar	pplica	ble)	
								_	_													ĺ								
																												identi requir		cument
F. HEAD OFFICE USE ONL	~																													
APPLICATION APPROVED BY																Sta	itus		Apı	prov	ed			Rej	ecte	d				
																Rea	asoı	n:												
Surname			$\prod$			Ţ	Ļ	$\perp$	Ļ																			$\sqsubseteq$	$oxed{\bot}$	_
Forenames in full			Ļ		Щ	<u> </u>	<u> </u>				Щ	<u> </u>			_	<u> </u>	$oxed{L}$	<u> </u>	Ļ	L	<u>L</u>	<u> </u>						Ш		
Persal No.			L				J			[	Date	Υ	Υ	Υ	Υ		М	М	]	D	D	]								
Signature _									_	F	Rank											_								

Annexure 10

DHA-462

#### AFFIDAVIT FOR CHANGE OF SURNAME OF A CHILD BORN OUT OF WEDLOCK

[Section 25(2) of the Births and Deaths Registration Act, 1992] The form to be completed in black ink with BLOCK LETTERS. Applications that are not legible shall not be accepted. I,(full names and surname of father) ...... Identity number / Passport number and I,(full names and surname of mother) ..... Identity number / Passport number We are the biological parents of (full names and present surname of the child):..... Identity number(child) born out of wedlock at(birthplace)..... We now apply for the alteration of the above-mentioned child's surname in terms of section 25(2) of the Births and Deaths Registration Act, 1992 (Act No.51 of 1992). Signature of father Signature of Mother NB: This affidavit must be completed and affirmed to simultaneously by both of the parents. 1. I certify that before administering the oath/affirmation I asked the deponents the following questions and wrote their answers in their presence.(Mark with X): (a) Do you know and understand the contebts of this declaration? Answer: Father Yes No Mother Yes No (b) Do you have any objection to taking the prescribed oath? Yes Answer: Father No Mother Yes No (c) Do you consider the prescribed oath to be binding on your conscience? Yes No Mother Yes No Answer: Father 2. I certify that the deponents have acknowledged that they know and understand the contents of this declaration which was sworn to affirmed before me and the deponents' signatures/thumb prints/marks were placed thereon in my presence. NB: Where thumbprints or marks are being taken it must be certified at all times. Departmental stamp ..... Commissioner of Oaths Designation Official's full names and surname..... Official's persal number ..... Business address: ..... Date Area

DHA-196

										xure 1															L					
2113 50	,	AP	PL			ON F														EF	≀ S	UR	N/	۱M	Ε					
				[5	Section	on 26	of th	e Bir	ths	and I	Deat	hs F	Regis	trat	ion A	Act 51	of	199	2]											
This form MUST be completed in BLAC fee for printing of each new certificate.	K INF	K with	h BL	ОСКІ	LETTI	ERS. A	pplica	tions 1	that	are no	t legit	ole sh	all no	t be	acce	oted. C	n a	oprov	al of a	ppli	catio	n, the	е арр	licar	nt will	be I	iable t	o pay t	he pr	escribed
<b>A</b> . I,																	, 1	nerel	by ar	ylqc	to a	assu	me	the	follo	owir	ng su	rnam	е	
							Ι		Ī										Ì					Π	Τ	Τ	Ì			
Reasons for my application: Ple	ase t	tick [¹	√]the	CO	RRE	CT box		]Ch	ang	je in m	arita	l stat	us		Ass	umpti	on c	f bio	logica	al fa	ther	's sui	mam	ie						
							Г	Pro	otec	tion of	f Witr	ness	i.t.o	Witn	ess I	roted	tion	Act,	1998	3 (A	ct N	o. 11	2 of	199	8) [ <i>A</i>	ttaci	h relev	ant red	quest	letter]
B. PARTICULARS OF APPLIC	ANT	Г																												
Identity number									Ι		]				]	Date	of b	irth[	Υ	Υ	Υ	Υ	]	M	M	1	D	D		
Present surname																														ant
Forenames (in full)																														applic
Place of birth																														wint of
Residential address Street									I																					Left thumbprint of applicant
Town / Village									L						] c	ode														Left t
Telephone no., incl. area code									I		Сє	ell ph	one	no.											]					
E-mail address							$\perp$		I																I	Τ				
Postal address								1	L							Ш											$\bot$			
Province		<u></u>	<u></u>		Ш				_				<u> </u>		<u> </u>								Pos	stal	cod	е				
C. I also wish to include in my ap	plica	ation	my	spo	use a	nd mi	nor c	hildr	en,	whos	e pa	rticu	lars	of b	irth a	are as	fol	lows	(con	nple	ete d	only	if ap	plic	able	e):				
PARTICULARS OF SPOUSE																														
Identity number									Ι		]				]	Date	of b	irth[	Υ	Υ	Υ	Υ		М	М		D	D		
Maiden surname																														
Forenames (in full)									L																				7	
Residential address Street																													of the state of	
Town / Village							L		I						c	ode													40	spouse
Telephone no., incl. area code							Τ	Τ	Τ		Ce	ell ph	one	no.				П	Т						1					
E-mail address		Г			П	T	Т	T,	T	T						П	٦	T	Т				Γ	Γ	T	T	T	П	Т	
Postal address	П	Г		Γ	П	T	Ŧ	T	T	T	Ī		Π		_	ΠĪ	٦	寸	Ŧ			Π	Γ		T	Ŧ	T	П	T	
Province					П	T	T	Ī	T	T											L		Pos	stal	cod	e	T	П	T	ī
D. PARTICULARS OF CHILDR	EN	(onl	y m	inor	biol	ogica	lora	dop	tec	chile	dren	ma	y be	inc	lude	' ed)														
Forenames in full a	nd s	urna	ame					<u> </u>	ate	of bi	irth					Pla	ce o	of bir	th			ld	entil	ty n					able	, birth
	-					+																<u> </u>			eı	пиу	num	ber)		
						$\top$																								
						T																								
						$\top$																								
Signatu	re o	f an	plica	nt				-									Siar	natur	e of	spc	ouse	(if a	appli	icar	ole)		_			
Date signed Y Y Y Y			M		D	ח				Dat	te sid	ned	,	Y	Υ	ΥĪ		_	M			ח			,					

E. PREVIOUS CORRECT Please indicate any prev																				s s	urna	ame	e, for	ena	me,	, pla	ice	of bi	rth	, da	te c	of b	irth	, ge	end	er)	or a	any	,	
Previous particulars		-				Ť	Р	artic	cula	rs a	fter	cor	rec	tior	n o	alt	erati	on	Т	-	Date	e co	rrec	ted o	or a	ltere	ed	T	Rea	asoı	n fo	r co	orre	ectio	on	or a	lter	atio	on	
F. FOR OFFICIAL USE	ONL	- Y	OF	FIC	EC	OF (	ORI	GIN	ı																			oocu	ME	ENT	s s	UB	MIT	TEI	DΥ	/ITH	TH	IIS		
APPLICATION RECEIVED	BY:																										1	APPLI	ICA	OITA	N									
Surname [																							]				F	PLEAS	SE	TIC	K	~								
Forenames in full																							]					P	roo	f of	payı	mer	nt							
Persal No.					I	I	$\Box$			]													_							of a										
Rank [																														of a										
Date [	Υ	Υ	Υ	Υ			М	М		D	D	]		ſ			************			••••								Τс	ору	of v	vife'							if		
Signature												-				Off	ice st	amp	- Of	fice	of or	rigin						Пс	opy		chilo	i/c	hilo	lren'	's b	irth (	cert	ifica	ate(	(s) (if
																											Γ		•	iage		tific	ate	(if a	app	licat	ole)			
														Ĺ									]				Ē	$\equiv$ $\circ$	the	r,sp	ecify	y	_							
G. FOR OFFICIAL USE	ON	LY -	HE	AD	OF	FFIC	CE																																	
RECOMMENDATION:				Re	con	nme	end	ed		]		No	ot r	eco	om	me	nded	ı																						
Surname	[				L	$\perp$										L		I								L	I						I				L			]
Forenames in full	[					$\perp$												I	$\perp$							L	l	$\perp$					I							]
Persal No.	[										]				1	Date	e Y	)		Υ	Υ		М	М		D		D												
Signature											F	Rani	k _												-															
											_						_																							
DECISION:							App	orov	/ed				Re	fus	sed	L	Re	aso	on f	or I	refus	sal																		=
Surname																							<u></u>				$\perp$											$\perp$		]
Forenames in full																									<u> </u>															]
Persal No.							$\perp$			L					1	Date	e Y	)		Υ	Υ		М	М	j	D		D												
Signature										F	Rank																													

DHA-526



#### REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

				OI	LICA R RI	ECT	ΠFI	CA	TIC	VEI ON	RIF OF	PE	TIC	10	IAL	P	\R1	ΓIC	UL	AR		N				В	ar (	Code	
The form to be completed in black in	طفيد با	BI O	-		ion 7	٠,								-		on A	Ct 5	51 o	f 199	92]									
A. INSTRUCTIONS:	ik with	BLO	CKLE	1166	. жр	piicati		illat a	1611	or leg	inie s	ildii I	ot be	acce	pteu.														
If the person whose particula	rs mu	st be	altere	ed is	18 ye	ars o	f age	or c	lder	, he	/ she	mus	t cor	nplet	e an	d sig	n the	app	olicati	ion f	orm.								
2. If the person concerned is un	nder th	ne ag	e of 1	8 yea	ars, th	e par	ent o	or leg	al g	uard	ian n	nust	comp	olete	and	sign	the a	ppli	catio	n for	m.								
To verify, supplement or rect issue of the particulars sought to									the	corr	ect p	articu	ılars	must	be s	ubm	itted	toge	ether	with	the	app	licati	ion f	form	withi	n sev	en da	ys of
4. The person concerned should									e ne	ares	t Reg	jiona	or E	Distric	t Re	pres	entat	ive	of the	De	partn	nen	t of H	lom	e Af	fairs.			
THIS APPLICATION IS FO						<u>OF</u>						СН					]												
I HEREBY APPLY TO VER	IFY, S	SUPI	PLEN	_							LO	WIN	G P/	٦.		_AR	S:	(pl	ease TFal				ın (p	artic	ulars	s of in	corre	ct par	ents
Surname Rectification  Sex description (in terms	s of S	Section	nn 2 /		ate o	f birt	7						닏	]Se.				L_	_	orde	d on	٦.		-					
49 of 2003)						L	Pa	rents	s' pa	artic	ulars	· 	L	Fo	rena	me I	Rect	ifica	ation		L	JPI	ace	of b	oirth	Rec	tifica	tion	
B. REASON FOR CHANGI Briefly give your reasons for							ite o	ne v	vorc	d evi	nlana	ation	s lika	e "ne	ersoi	nal"	or "r	orofe	seeir	nnal	· If v	VOL	do	VOL	ır ar	nlica	tion	cann	ot
be processed.																													O.
Note: Your reason is taken i reason.	into a	ccou	unt wi	hen	consi	iderir	ng yo	our a	appl	licati	on. \	You	will t	e re	que	sted	to p	rovi	ide d	locu	mer	ntati	on t	o sı	ubst	antia	te yo	our	
C. CURRENT PARTICULAI	RS O	F AF	PLIC	CAN	Т			-																					
Identity number				I	I		]					]				]	Date	e of	birth	Υ	Υ	Y	<u> </u>			M M	И	D	D
Surname	[	$\perp$		$\perp$						L												L	L	I	$\perp$	$\perp$	$\perp$		
Forenames (in full)	Ļ	4	_	4	1	丄	Ļ	<u>_</u>	L	Ļ	Ļ	<u> </u>	<u> </u>	Ļ	L	<u> </u>	L	L	Ļ	Ļ	L	Ļ	Ļ	<u></u>	4	_	ㅗ	_	Щ
Place of birth	Ļ	4	4	+	+	╄	<u> </u>	<u> </u>	Ļ	丰	ㅗ	<u> </u>	느	느	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	Ļ	Ļ	<u> </u>	Ļ	+	4	+	+	+	H.
Residential address: St.  Town / Vil	reet[	+	+	+	ᆂ	╄	<u> </u>	는	는	丰	┿	╁	⊢	누	는	느	<u> </u>	╄	<u> </u>	$\vdash$	╄	+	+	+	C <sub>0</sub>		+	+	H
Telephone no., incl. area co		+	+	+	+	十	는	_	┝	+	٦,	ll ph	one	上	⊨	⊨	L	$\vdash$	上	_	╁	+	+	╡		_	+	+	H
E-mail address	ue [	十	+	十	+	+	$\vdash$	$\vdash$	H	十	+	J., p.	T	누	$\vdash$	$\vdash$	⊨	┢	H	十	╁	十	十	┿	T	vince	+	+	Ħ
The particulars are erroneo	usly	reco	rded	as:					_				_								_								
	Ī	Т	Т	Τ	T	Τ	Π	Π	Г	Τ	Τ	Τ	Π	Π	Π	Π	Г	Π	Γ	Π	Τ	Τ	Τ	Т	Τ	T	Т	T	
The correct particulars mus	t be	as fo	ollow	s:																									
																								1					
These correct particulars m	ust b	be re	flect	ed ir	the	Birt	h R	egis	ter	and	or l	dent	ity I	Doci	ıme	nt.													
D. CURRENT PARTICULAI	RS O	F MI	NOR	СН	LD (	com	plet	e or	ly i	f ap	plica	able	)		_									_			_		
Identity number	Щ	_	4	<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	L	Ļ	丄	L	L	L	_		Date	e of	birth	Y	Y	LY	<u> </u>	1	L	M M	4	D	D
Surname	Щ	4	4	+	4	╄	Ļ	Ļ	Ļ	╄	<del> </del>	╄	Ļ	<u> </u>	Ļ	_	L	<u> </u>	<u> </u>	L	Ļ	丰	+	+	4	4	+	┿-	뭐
Forenames (in full)	H	+	+	+	+	╄	⊢	<u> </u>	╄	╄	+	+	⊢	Ļ	⊨	L	L	L	<u> </u>	$\vdash$	$\vdash$	Ļ	+	+	+	+	+	+	H
Place of birth	H	+	+	누	+	$\vdash$	$\vdash$	十	$\vdash$	╁	+	┾	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	<u> </u>	$\vdash$	$\vdash$	十	+	+	+	+	┿	┿	H
Relationship of applicant to	minor					٠	<u> </u>	1				J					L	L	<u> </u>	1	<u> </u>								
E. PREVIOUS CORRECTION			TER	ATIO	ONS	TO A	APP	LICA	NT	'S F	AR	ricu	LAF	RS													_		
Please indicate any previous							the a	appli	can	t's p	artic	ulars	s (su	ch a	s su	rnar	ne, 1	fore	nam	e, pl	ace	of I	birth	, da	ite o	f birt	h, se	ex) or	any
changes to such particulars o	f the	appli	icant'		rents		to.	2055	notice:		r olto	tie		_	Det			tod.	or al	10-0		Т-	2000		·		otion		teration
Previous particulars			+	га	ucuia	115 a	itei	COITE	SCIIC	311 0	alle	si auc	711	-	Dat	- 00	1160	ieu i	UI ai	leie	<u> </u>	۲	\cas	OII	101 0	one	CUOI	i Ui ai	teration
			+											H								t							
			十											T								T							
	_			_		_	_		_	_	_		_		_	_	_	_		_	_	I	_	_	_	_	_		
F. DECLARATION									_																				
l ,												_(the	e ap	plica	nt),	here	by d	lecla	are u	ınde	r oa	th t	hat i	the i	info	rmati	on		
submitted is to the best of m																												to a	
line of imprisonment for a pe	ilou	not e		unig	1146	year	3 01	10 0	001	300	1 11110	s and	Jou	JII III	ipio	311111	icit	(00	CLIOI	101	, , , , ,	, 01	AUI		01 1	332)	,		
Signature of deponent	-													-		D	ate :	sign	ed	Υ	Υ	Y	TY	]		M N	Λ	D	D
I. I certify that before adminit presence:	isterir	ng th	e oat	h/a	ffirma	ation	l as	ked	the	dep	oner	nt the	e foll	owir	ıg qı	uesti	ons	and	wro	te d	own	his	/ he	er ai	nsw	ers ii	n his	/ her	
1.1 Do you know an	d unc	derst:	and ti	he c	onter	nts of	f this	dec	lara	ation	12																		
1.2 Do you have any																						-							
1.3 Do you consider											onsc	ienc	e?									-							
2. I certify that the deponent	has a	ackn	owled	dged	that	he/	she	kno	ws :	and	unde	ersta	nds				of t	his o	decla	arati	on w	- vhic	h wa	as s	wor	n to	/ affii	med	
before me and the deponent	's sig	natu ר	re / tl	huml	oprin'	t / ma	ark v	vas i	plac	ed t	here	on in	n my	pre	send	e.		_	т		_	т-	_	_	_	_	_	_	
Surname  Forenames in full		Ļ	+	+	+	$\vdash$	_	_	_	+	+	$\vdash$	$\vdash$	⊨	_	_	_	_	$\vdash$	<u> </u>	_	+	+	+	+	+	+	+	H
Forenames in full Business address	Stre	L	+	+	+		$\vdash$	$\vdash$	H	+	十	$\vdash$	$\vdash$	<del> </del>	<u> </u>	_	$\vdash$	_	$\vdash$	$\vdash$	$\vdash$	十	+	+	+	十	+	+	$H \mid$
Business address Town /		- E	+	十	十	$\vdash$	$\vdash$	╁	$\vdash$	+	+	+	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	÷	十	+	Cod	ᅡ	÷	+	H
l (OWII)	villa	.ac L				1			_					Ь	L	L		Ц				1		٬ د					
																												_	
	10			_	_											Dat	e siç	gned	t	Υ	Υ	Υ	Y			A N	A	D	D
Commissioner o	t Oat	ns					De.	sign	atio	n/Ra	ink																		

G. FOR OFFICIAL	USE ONLY - O	FFICE OF ORI	3IN				
APPLICATION REC	EIVED BY:						
Identity number							
Surname							
Forenames in full							
Persal No.							
Date	YYYY	M M	D D				
DOCUMENTS SUB	MITTED WITH	THIS APPLICA	TION:				Office Stamp
PLEASE TICK ☑							
Proof of payment				Nev	w DHA-24 in	case of fal	false registration
Copy of applicant	s birth certificate			Med	dical reports	in case of	of sex description (ito Act 49 of 2003) - from 2 separate doctors
Copy of child's bir	th certificate (if a	pplicable)		Pro	of of guardia	inship (if a	applicable)
Affidavits by all pa	arties concerned	in case of false re	gistration	Oth	ner, specify		· · · · · · · · · · · · · · · · · · ·
H. HEAD OFFICE U							
Identity number							
Surname							Status: Approved Rejected
Forenames in full							
Persal No.							
Date	YYYY	M M	D D				Signature

	-// •₹	-													ENT	OF	ноі	ME /	FRIC		3										***************************************			DH	IA-177
								ΑI	PI	LIC	ΑT	10	N F	OF		EC.			NG	0	FΑ	DC	P	ГΙΟ	N										1
17 2111								В	irth	s an	d D			-					2 (A		lo. 5	1 of	199	92)											
												[On	ly to	ruse	by ti	he ad	dopti	ve pa	arent	s] 									<u> </u>		3ar	Cod	e		<u> </u>
A. I, MOTHER		REN	A TI	٠ ،		_	т	г	_	т	1	_	т	т	т	1	Γ	т	т—	1															
Identity numbe	r					<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>	_	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>		Т			_	т-	·	Т	·				_	_		
Surname						<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		_	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	닏	L	▙	┡		Н
Previous / Mai	den s	surn	ame	٠		<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	<u> </u>	<u> </u>	╄					_	<u> </u>	Ļ	<u> </u>	_	<u> </u>	$ldsymbol{\sqcup}$	_	느	ᄂ		Щ
Forenames (in	full)					<u>_</u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	L	<u> </u>	L	<u> </u>	L	<u> </u>	<u>_</u>				<u></u>	<u> </u>	L	<u> </u>		<u> </u>	Щ	<u>_</u>	ᆫ	<u> </u>	<u> </u>	Щ
Place of birth				l		<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	_	_	$\vdash$	Ļ	<u> </u>	_	<u> </u>	닏	_	<u>_</u>	느	<u> </u>	Н
Country of birth			•			_	<u> </u>	_	$\vdash$	$\vdash$	_	_	_	<u> </u>	<u> </u>	_	_	┢	<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	$\vdash$	_	⊨	┡		님
Residential add				reet		<u> </u>	<u> </u>	$\vdash$	$\vdash$	<u> </u>	<u> </u>		<u> </u>	⊨	<u> </u>	$\vdash$	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	<u>l</u>	L	<u> </u>	<u></u>	<u> </u>	Щ	Ļ	L	느	<u> </u>	님
				lage		<u>_</u>	<u> </u>	<u>_</u>	<u> </u>	L		<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>	<u></u>	<u></u>	<u> </u>	<u>_</u>	<u>L</u>	<u> </u>	] F	rov	ince	L	<u> </u>	<u>_</u>		ر 1	ode	<u> </u>	<u> </u>	<u> </u>	Ш
Telephone no.	, incl	. are	a co	ode		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u></u>	<u> </u>	L	<u></u>		Ce	ell ph	one	no.	<u></u>	<u></u>	<u> </u>	<u></u>		<u> </u>	<u></u>	<u> </u>		<u>_</u>	<u> </u>					
E-mail address	6					<u> </u>		L		L		L	L				<u> </u>		L	<u> </u>		<u> </u>			<u> </u>		<u></u>		<u> </u>			<u> </u>	L	<u> </u>	
Postal address	6																																		
1		F	rov	ince																								Pos	stal	code	:				
AND I, FATHE	R/P	ARI	ENT	В							_					_				_															
Surname																																			
Forenames (in	full)																																		
Place of birth																																			
Country of birth	า			Į																															
Residential add	dress	3	St	reet																															
	1	Γow	n/Vill	lage		<u> </u>			L						L		<u> </u>	<u> </u>			<u> </u>		F	rov	ince	L	<u> </u>	<u> </u>		C	ode				Ш
Telephone no.	, incl	. are	a co	de												Ce	ell ph	one	no.								<u> </u>								
E-mail address	5			Į																															
Postal address	;			Į												<u></u>					<u> </u>					<u> </u>									
	-	F	rov	ince		<u> </u>								<u> </u>	<u> </u>													Pos	stal o	code	!				Ш
B. WE ARE TH	IE A	DOF	TIV	E PA	REI	NTS	OF	тні	E FC	LLC	owi	NG	СНІІ	LD																					
Identity numbe	r			[												]						ı	Date	of I	oirth	Υ	Υ	Υ	Υ		М	М	]	D	D
Surname				[																															
Forenames (in	full)			[																															
Place of birth																				<u> </u>						L	<u> </u>	<u> </u>							Ш
C. We hereby		-														reg	iste	r (*c	ircle	• wh	ich	is a	ppli	cab	le).										
The child will a	ssun	ne th	ne fo	llowi	ng r	nam	e an	d su	ırna	me a	after	the	ado	ptio	n:		_				_						_						_		_
Forenames	<u>_</u>	L		Н	_	<u> </u>				<u> </u>	<u>_</u>	_	<u>_</u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				_		<u> </u>	L	<u> </u>	_		Щ		닏			H
Surname 								<u> </u>		<u> </u>	<u> </u>	L	<u> </u>		<u> </u>			<u> </u>	L	L	<u> </u>		<u> </u>	l		<u> </u>	<u> </u>					Ш			Ш
Signat																					Sign						e <b>n</b> t E								
D. FOR OFFIC					OFI	FICE	E OF	OF	RIGII	N																	ITTE	D W	TH	THIS	APF	,ric	ATIO	N:	
Surname	CECE	IVEL	101				Г	Γ	Г	Γ	Г	Γ	Г	Τ		Г	Ī	<u> </u>				PLE	DHA		K E					Birth	cerl	tifica	te		
Forenames in	full	_		$\Box$								$\vdash$				<u> </u>			<u> </u>						ador	tion	orde			,					
Persal No.	ıuıı	_	<u> </u>	H	_					<u>                                      </u>	_	<u></u>	<u></u>	<u> </u>	<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>	_			Oth				0,00								
Date		Y	Y	Y	Y	M	M	D	D	) ]																	olical	hle							
54.0			1				L		L	J					Sta	mn							i			nent		DIC							
1															Ola	пρ									,										
Signature																																			
E. HEAD OFFI	CE L	JSE	ONI	LY																															
APPLICATION A	PPR	OVE	D B	<b>/</b> :																	1								,						í
Surname		L	<u> </u>	Щ	_		<u></u>	<u> </u>	<u>_</u>	<u></u>	<u>_</u>		<u> </u>	<u> </u>	<u> </u>	<u></u>	L	_				Sta	tus:		App	orov	ed		J	Not	App	rove	ed		Į
Initials		L	<u></u>	Н	_		<u></u>	_	<u> </u>	<u></u>	<u> </u>		L	<u> </u>	<u> </u>	<u> </u>	<u></u>	<u> </u>																	
Persal number		<u> </u>	<u> </u>	Ш			L	<u> </u>	L	l																	Sign	natu	re						

DHA-1663 A Page 1 of 3



G.P.-S. 09/09

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

### NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992] [Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with I the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

,												•																	
A. PARTICULARS OF THE Instructions: Section A to be filled				d Me	dical l	Pract	itione	er / Pr	ofes	siona	l Nor	se wi	no is r	esnor	sible	for ex	amin	ina the	bod e	v to d	etermi	ne the	caus	e of d	leath				
The Informant must verify, and wh																			, Dog	<i>y</i> 10 u	cterrin	ne the	caus	- 01 0	reatii.				
1. Was this a death or a stillbirth?		_]1.1 [	Death			1.2 \$	Stillbir	th																					pes
2. Identification of the deceased (tick	k one b	юx):																											deceased
2.1 The deceased was identifi	ied with	ı an ID	) docu	ment	/ pass	port (	if fore	igner	) prod	uced	by the	e fami	ily																ō
2.2 Stillborn child																													bprin
2.3 The features of the decear	sed do	not se	eem to	mate	ch the	featu	res or	the I	D doc	umer	nt or p	asspo	ort of	decea	sed														thumbprint
2.4 ID document or passport	of the o	decea	sed w	as no	t pres	ented	. The	dece	ased '	was ic	dentifi	ed thr	ough	word o	of mo	uth													Left
2.5 The deceased was already	y buried	d prior	to the	com	pletion	n of th	is fon	m																					
2.6 The deceased was uniden	tifiable	:		2.6.1	Bum	ıt		2.6.2	Dec	ompo	sed		2.6.3	Other	r (spe	cify)													pes
2,6.4 DNA samples	retriev	ed for	r identi	ificatio	on pur	poses	5			2.6.5	Den	ntal rec	cords	taken	for id	entific	ation	purpos	ses										thumbprint of deceased
3. Date of Death / stillbirth																													in of
4.1 Place of Death/stillbirth (City/Tov	wn/Villag	je)																											ndqui
4.2 Province of Death/stillbirth																													
5. Place of Registration of Death / s	stillbirth	1																											Right
6. If death occurred within 24 hours a	after bi	rth, nu	mber	of ho	urs ali	⁄e				] 7	7. Hor	ne tel	ephor	ne no.															
8. Identity No. (Passport No. if foreig	ner)															9. Ag	e at la	ast birt	hday	if DOI	3 is un	known		$\Box$					
10. Date of Birth if there is no ID nur	nber											11. 0	Sende	r [		11.1	Male	[		11.2	Femal	е			11.3 I	ndete	erminal	ble	
12. Surname																													
13. Previous / Maiden Surname																								$\Box$					
14. Forenames																													
15. Usual* Residential Address:	Street																												
	Town	·																					$\Box$						
P	rovince	-																			Р	ostal c	ode						
16. Citizenship																													
16.1 Place of Birth (City / Town / Vill	lage)																							$\Box$					
or Country of Birth, if abroad			1							_	Ι	г						П											
16.2 Province of Birth		-											<u> </u>																
<ul><li>17. Marital Status of the deceased</li><li>18. Education level of deceased,</li></ul>	-	17.1	Single	9		_	17.2	Marrie	ed	т			17.3	Widov	wed		Т,	 Gr 8		Divord	ed Gr 1	0   0	Gr 11	T-0	ir 12	1 ,,	Iniv	Un-	
(Specify only the highest class completed)	No	one	Gr I	R	Gr 1		Gr 2		Gr 3	G	r 4	Gr	5	Gr 6		Gr 7	1 '	orm 1		m 2	Form	3 F	orm 4	Fo	orm 5	1 -	ech	Know	
(mark with a ☑)	-	$\dashv$		+		+		+		-	-		+		+		+		-	-	NTC	1 N	TC 2	- N	TC 3	+			
19. Usual occupation of deceased (		f	_						_	_								r - 1		_			_	$\pm$	$\equiv$	$\pm$	$\equiv$		
work done during most of working li		<u></u>										L												L					
	nark wi		1)	4 51					_																				
1. Agriculture, 2. Mining and hunting, forestry and quarrying		3. nufactu	uring		ectrici water :			5.	Cons	tructio	on			esale a e; repa				ort, stoi nunica			Financ mediat			mmur ial and			10. Pr nouseh		
fishing	1		Ĭ									m	otor v	ehicle	s,					insur	ance,	real	per	rsonal	al	•	exterrit	torial	
														cles a							tate ar usines		ser	rvices	'		rganisa resenta	ations, atives o	of
													iseho hotel	ld goo	ds;					se	ervices	5						ernmer ivities n	
												1	resta															define	

\_\_\_21.1 Yes

21.3 Do not know

21.4 Not applicable (minor)

<sup>21.</sup> Was the deceased a regular\*\* smoker five years ago? (mark with a ☑ )

\* Where the deceased lived on most days. \*\*Smoking tobacco on most days.

DHA-1663 A Page 2 of 3 G.P.-S. 09/09



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

#### NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.

(Note: The fingerprints of the dece	easec	i, the	infor	nant	and t	he ur	nderta	aker r	nust	be ta	iken t	y the	unde	ertak	er)															
B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE																														
Instructions: Section B to be filled out by	the sa	me Me	dical F	ractit	ioner /	Profe	ssiona	al Nurs	e who	comp	leted S	ection	A.																	
22.1 I, the undersigned, hereby ce	rtify th	at the d	deceas	ed nar	ned in	Sectio	n A. to	the be	est of	my kno	owledge	and t	oelief, d	lied so	olely an	d excl	ısively	due t	o Natı	ıral C	auses									
22.2 I, the undersigned, am not in	a posit	ion to	certify	that the	dece	sed d	ied exc	lusive	y due	to Nat	ural C	auses																		
Particulars of the Medical Practition	ner/	Profe	ession	nal Nu	ırse v	/ho fi	lled o	ut the	forr	n:				23.	HPC	SA R	egist	ration	No.					$\perp$	$\Box$	$\Box$				
24. Sumame																								$\perp$						
25. Forenames																								T						
26. Name of Health Facility / Practice																	2	7. Fac	ility /	Pract	ice No			I		$\Box$				
28. Business Address: Street																							I	I	Ι					
Town																		Pro	ovince					floor						
Telephone No. (Office)											] P	ostal	Code					]			Office	stan	p of h	ealth	h faci	ility or p	racti	ice		
I, the undersigned, hereby certify that best of my knowledge and belief, died case this is not true, I shall be guilty o years or to both such fine and such in Place signed	solel f an c	ly and offence	exclu e and	sively on co	due t	o natu n liab	ıral oı le to :	unna a fine	tural or to	cause impris	s as i	ndicat	ed in	parag	raph :	22 an	d in													
Date signed		<u> </u>						Signa	ature																					
C. CERTIFICATE BY MEDICA	L PF	RACT	ттю	NER	/FO	REN	sic	PAT	HOL	OG	ST																			
Instructions: Section C to be filled	out by	Medi	ical P	ractit	ioner	or Fo	rens	ic Pat	tholo	gist, v	who is	cond	ucting	med	ico-le	gal inv	estig	ation	of de	ath.										
29. I, the undersigned, hereby certify required for the purpose of the Inques												on the	e body	of th	e per	son w	hose	partio	culars	are g	iven in	Sec	tion A	, and	d that	the b	odyi	is no l	onge	er
31. Date of Post-mortem			<u></u>								,												_							
32. Name of Medico-legal Mortuary  34. Mortuary Reference Number of Deceased																														
35. SAPS Case No.  36. Name of Police Station  Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:  36.1 HPCSA Registration No.																														
Particulars of the Medical Practitio	ner/	Fore	nsic F	atho	logist	who	filled	out t	he fo	rm:			36.1	HPC:	SA Re	gistra	tion I	No.		T		Π	T	T	T	T			ı —	
37. Surname		Г			Г															Ī	Ī	Ī	Ī	T	T		$\exists$			$\Box$
38. Forenames		T																	T	Ī	T	T	T	Ť	T	寸	T		$\overline{}$	T
Town Province Postal Code																														
Town Province Postal Code Office stamp of mortuary																														
I, the undersigned, hereby certify that knowledge and belief, died solely and not true. I shall be guilty of an offence both such fine and such imprisonmen	exclu and o	usively on cor	due t	o nati n liabl	ural or e to a	unnat	ural c r to in	auses ipriso	as in	dicate	ed on	parag	raph 2	9 and	d in ca	se thi	s is													
Place signed  Date signed	т-		т—																											
D. PARTICULARS OF INFOR	DRAA	NT	<u> </u>		l			Signa	ature_										L											
			forma	nt la	forma	nt ie -	eeno-	neible	for co	artifv <i>i-</i>	na the	iden	ty of #	ne de		d														
Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased. 40, Identity No. (Passport No. if foreigner) 41. Date of Birth																														
42. Citizenship 43. Surname																														
43. Surname																														
44. Forenames																														
45. Residential Address: Street	<u>_</u>	<u> </u>	<u> </u>	<u></u>	<u> </u>					<u></u>	<u> </u>							<u></u>	<u> </u>	_										d quu
Town	<u>_</u>	<u> </u>	<u> </u>	<u></u>														<u></u>	<u></u>											of the
Province	<u></u>	<u> </u>											P	ostal (	Code				<u> </u>											
Telephone No. (Home)		<u> </u>	<u> </u>									Cell	phone	No.						<u> </u>		L		$\perp$						
46. The Deceased is my:		46.1	Parer	nt			46.2	Spou	se			46.3	Child				46.4	Othe	r, Spe	cify										
I, the undersigned, hereby certify that and on conviction liable to a fine or to																										be gui	Ity o	f an o	ffenc	:e
Signature	anandra delete	days o plantage and						Date	signe	d																				

G.P.-S. 09/09

DHA-1663 A Page 3 of 3



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

#### NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with ☐ the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

E. PARTICULARS OF FUNE	RAL	UNE	ER	TAKE	ER																								
Instructions: Section E to be compl Undertaker or Informant may submit											his o	r her f	inger	print, ti	he fin	ger p	rint of	the d	ecea	sed and	the	inforn	nant. A	utho	rised	Fund	eral		
47. Name of Funeral Parlour																													
48. DHA Designation No.														49. Cd	ompa	ny Re	g. No	٠.											
50. SARS Reg. No. (Income tax refere	ence	no.)																											
Details of Funeral Undertaker or Au	uthor	ised l	Repre	esent	ative															Γ								iker	
51. Identity No. (Passport No. if foreig	ner)																											Left thumbprint of funeral undertaker	
52. Surname																												eral u	
53. Forenames																												of fun	
54. Business Address Street																												orint o	
Town				Г		Γ								П	T													gunı,	
Province				Π									P	ostal C	ode													Left t	
Telephone No. (Office)																Cell	lphon	e No.											
55. Date of collection of corpse											56. C	ate of	Cren	nation	(if app	plicab	ole)		17			1	8.6						
57. Place of Burial (City / Town / Villag	e)														Ť	1					Pro	vince							
58. Date of Burial												59. G	rave I	No. (if	availa	ıble)				П	T								
Place signed Date signed	n versent.	hat a barrelos				Signa	ature	-					<u></u>																
Name of person who collected the	dece	ased																		C	ffice	stan	np of f	unera	l unde	rtake	r		
60. Identity No. (Passport No. if foreign	ner)																												
61. Surname																													
62. Forenames																													
Place signed								,																					
Date signed						Signa	ature																						
F. FOR OFFICIAL USE ONLY	•																												
Registration of death approved, DF	IA-16	63 re	ceive	d by	(parti	cular	s of [	OHA o	fficial	):												Office	e starr	p of	DHA				
63. Identity No.																													
64. Surname			-																										
65. Forenames																													
66. Persal No.																_													
Documents included with this notice	e:			Сору	of the	e dec	ease	d's ID			Сору	of ID	docu	ment c	of the	inform	nant												
				DHA	- 6 (if	applic	cable	)			DHA	- 1680	) (if a	pplicab	ole)														
DHA-1663 was submitted by:			1	Infor	mant						Fune	ral Un	dertak	ker															

Confirmation for Medic To be completed in full a			LBIR	ГН																
	and submitted a	h use Only at the Depar	rtment of H	ome A																
The form to be comple All fields are COMPU	LSORY. Inco	omplete ap	plications	and	applic	atior	s that	are n	ot le	gible m	y be	consid								
(Note: The fingerprints		s page		-									re c	onfi	der	tiality				
T ID No. (Passport No. if f	oreigner)		П	Т	Т	T	П		Т	File	·					Date			DHA-1663 Page 1 of	
																				*
C MEDIOAL CERTIF	OATE OF O	ALICE OF	DEATH						·····										-1771	
G. MEDICAL CERTIF Instructions: Section G				ner /Pr	ofessio	nal N	lurse / F	orens	ic Pa	thologist	who h	as deter	nined th	e caus	of de	ath				
PARTICULARS OF DECE 67. Identity No. (Passport		,	Т	П	Т	$\overline{}$		П												
68. Gender	68.1 Ma		68.2 Fem	ale		t	68.3	Indete	rmina	able										
69. Surname		$\coprod$	igoplus		4	Ţ			4			4	Щ	_	Ļ			_		
70. Forenames 71. Population Group	71.1 Afri	ican		71.21	∆/hite		-	71 3 1	dian	/Asian	<u> </u>	1.4 Cold	ured		$\perp$	71.5 Other (	eracity)			
72. Place of Death		spital/Inpatie	nt	í	ER/Outp	atient		72.3 [				2.4 Nur		ne		72.5 At hom		Alpe par (interespentar har in	allo-Timba (an full constant) para trasfer	
73. Name of Health Facilit				Ц	1	Ţ	1		_							72.6 Other (	specify)	n Prinserana na m	namenaula numarananini (miranula	
74. Facility Contact Teleph 75. Patient File No.	ione No. incl. A	rea Code	-	$\vdash$	+	+	+		ᅱ				П	_	Т	ТТ				٦
76. Contact Person at Faci	∟∟∟ ility: Surnam	ne				T	T		$\exists$			T	$\Box$	士	T			$ extbf{T}$		]
	Forename		H		4	ļ	-		4	4		$\perp$	П	4	Ŧ			4	$\bot \bot \bot$	]
G.1 FOR DEATHS OCC	Role/Ran		EEK OF PI	RTH																_
Instructions: Section G.					red after	one	week of	birth									г			٦
	ise, injuries or c								of dy	ring, such	as		Approx	mate inte	rval bet	ween onset and	Ī		e use only	-
	iratory arrest. st AUSE (final dis		t failure. Lis	t only	one ca	use o	n each	line					de	ath (Day	/ Monti	ıs / Years)	ľ	CD-10	TIT	-
condition result	ting in death)		Due to (or	as a c	onsequ	ence o	of)	***************************************								Sec. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	F			]
leading to imm			Due to (or	as a c	onsequ	ence o	of)										·			1
(Disease or inju	YING CAUSE Is ury that initiated		c) Due to (or	as a c	onsequ	ence o	of)										·			1
events resulting Part 2 Other significan		ntributing to	d) death but																	_
not resulting in 78. If a female, was she p	underlying caus			dave	prior to		2 ( 127 )			82.1	Vac		$\Box$	32.2 N	•	****************	. L			J
79. Method used to ascert					prior to 1								'لـــــا'							
79.1 Autopsy		ost mortem e		[						nedical pra	ctitione	·	7			ending medic	al prac	titioner	on duty	
G,2 FOR STILLBIRTHS	of registered pro			J NONE			terview (				S)	L		Other (:	pecify	)			Tallenge also left	
Instructions: Section G.												atal dea	hs)							
		Moth	er						-			***************************************			Chi	ld				-
80. Identity Number	$\Box$	1	igdash	П					- 1	89. Type (				8	9.1 Sti	lbirth		89.2 Li	ive birth	
		++	++	j					- 1	90. Birth v 91.This bi		n grams	$\overline{}$	1.1 Sir	gle bir	th	91.2 F	irst twin	i	
81. Date of Birth  82. Age of last birthday/ D	OB unknown												$\overline{}$	1.3 Se	-		i	Other mu		
82. Age of last birthday/ D	egnancies resul	<b>一</b> ゛			83	.3 Ab	ortions		ŀ	92. If still I	orn, he 92.1									
82. Age of last birthday/ D 83. Number of previous pr	egnancies resul	83.2 Stillt	births							- 1										1
82. Age of last birthday/ D	egnancies results	83.2 Stillt		3 Abor	rtion	_				E	92.2	During I		ıt befor	e deliv	егу				
82. Age of last birthday/ D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ 84.1 Live birth 85. Date of last previous d	s cous pregnancy 84 delivery	83.2 Stillt (tick one):		3 Aboi	rtion					E	92.3	During I Before o	abour bi	out not	knowr	whether be		_	labour	
82. Age of last birthday/ D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ	s sious pregnancy 84 delivery srual period	83.2 Stillt (tick one): 4.2 Stillbirth	84.		rtion				- 1	93. If deat	92.3 occur	During I Before o	abour bi	out not	knowr			_	labour	
82. Age of last birthday/ D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ 84.1 Live birth 85. Date of last previous of 86. First day of last menst	egnancies resul s ous pregnancy 84 lelivery rual period duration of preg	83.2 Stillter (tick one): 4.2 Stillbirth gnancy (in corporataneous	84.	eks)	87.4 Va		n extract		- 1	94. Attend	92.3 n occur ant at b Physi	During I Before of red within irth: cian	abour bi lelivery n 24 hoi	out not	knowr	whether be		_	labour	
82. Age of last birthday! D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ 84.1 Live birth 85. Date of last previous of 86. First day of last menst Or, if unknown, estimated	egnancies resul s ous pregnancy 84 telivery rual period duration of preg 87.1 Sp 87.2 Fo	83.2 Stillt (tick one): 4.2 Stillbirth gnancy (in co	84.	eks)	87.4 Va	esare	ean sect		- 1	94. Attend	92.3 n occur ant at b Physi Train	During I Before of red within irth: cian ed midw	abour bi lelivery n 24 hor	out not urs afte	knowr	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ 84.1 Live birth 85. Date of last previous of 86. First day of last menst Or, if unknown, estimated	regnancies results s	83.2 Stillter (tick one): 4.2 Stillbirth gnancy (in corporataneous	84.	eks)	87.4 Va	esare	ean sect		- 1	94. Attend	92.3 n occur ant at b Physi Train	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ 84.1 Live birth 85. Date of last previous d 86. First day of last menst Or, if unknown, estimated 87. Method of delivery:	regnancies results s	83.2 Stillt r (tick one): 4.2 Stilltbirth gnancy (in co	84.	eks) [	87.4 Va	esare	ean sect	ion		94. Attend 94. 94. 94.	92.3 n occur ant at b Physi Train Other	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr  \$3.1 Live birth 84. Outcome of last previ  \$4.1 Live birth 85. Date of last previous of 86. First day of last menst Or, if unknown, estimated 87. Method of delivery:  88. Antenatal care two or	egnancies results s 84 letivery 87.1 Sp 87.2 Fo 87.3 Fo more visits:	83.2 Stillt ('(tick one): 4.2 Stillbirth   gnancy (in co pontaneous proceps deliver proceps and ro	84.	eks) [	87.4 Va	esare	ean sect	ion		94. Attend	92.3 n occur ant at b Physi Train Other	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr 83.1 Live birth 84. Outcome of last previ 84.1 Live birth 85. Date of last previous d 86. First day of last menst Or, if unknown, estimated 87. Method of delivery:	egnancies results s	83.2 Stillt ('tick one): 4.2 Stillbirth	84.	eks) [	87.4 Va	esare	ean sect	ion		94. Attend 94. 94. 94.	92.3 n occur ant at b Physi Train Other	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr  \$3.1 Live birth 84. Outcome of last previ  \$4.1 Live birth 85. Date of last previous of 86. First day of last menst Or, if unknown, estimated 87. Method of delivery:  88. Antenatal care two or  \$88.1 Yes  a. Main disease or conditi b. Other diseases or cond c. Main maternal disease.	egnancies results s ous pregnancy 84 Itelivery 437 47.1 Sp 47.2 Fo 47.2 Fo 58.2 No ons in foetus or or condition affects of	83.2 Stillt (tick one): 4.2 Stillbirth gnancy (in co pontaneous proceps deliver acceps and ro 88.: infant or infant ecting foetus	84.	eks) [	87.4 Va	esare	ean sect	ion		94. Attend 94. 94. 94.	92.3 n occur ant at b Physi Train Other	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr  \$3.1 Live birth 84. Outcome of last previ  \$4.1 Live birth 85. Date of last previous of 86. First day of last menst Or, if unknown, estimated 87. Method of delivery:  88. Antenatal care two or  \$8.1 Yes  a. Main disease or conditi b. Other diseases or cond	egnancies resuls s ous pregnancy 84 Itelivery 4 197 197 197 197 197 197 197 197 197 197	83.2 Stillt (tick one): 4.2 Stillbirth gnancy (in co pontaneous proceps deliver acceps and ro 88.: infant or infant ecting foetus	84.	eks) [	87.4 Va	esare	ean sect	ion		94. Attend 94. 94. 94.	92.3 n occur ant at b Physi Train Other	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		
82. Age of last birthday! D 83. Number of previous pr  83.1 Live birth 84. Outcome of last previ  84.1 Live birth 85. Date of last previous d 86. First day of last menst Or, if unknown, estimated 87. Method of delivery:  88. Antenatal care two or  88.1 Yes  a. Main disease or conditi b. Other diseases or cond c. Main maternal disease d. Other maternal disease	egnancies results s ous pregnancy 84 Itelivery 101 107 107 107 107 107 107 107 107 107	83.2 Stillt (tick one): 4.2 Stillbirth gnancy (in co pontaneous proceps deliver acceps and ro 88.: infant or infant ecting foetus	84.	eks) [	87.4 Va	esare	ean sect	ion		94. Attend 94. 94. 94.	92.3 n occur ant at b Physi Train Other	During I Before of red withi irth: cian ded midw trained	abour bi lelivery n 24 hor fe person	out not irs afte	knowr birth,	whether be	ours ali	ive		

REPUBLIC OF SOUTH AFRICA **DEPT OF HOME AFFAIRS** CONFIDENTIALITY CONFIDENTIALITY SEAL, DO NOT OPEN, TAMPERING WITH THIS FORM IS A BREACH OF TO OPEN: FOLD ALONG PERFORATION

AND TEAR

U This page can ONLY be opened by Statistics SA Officials. The DHA-1663 Notice of Death/Stillbirth is Confidential. → TO OPEN: FOLD ALONG PERFORATION AND TEAR

DHA-1680 Page 1 of 2

## DEATH REPORT BY AUTHORISED PERSON

Serial number

[Births and Deaths Registration Act 51 of 1992]

[Section 14(1)(b)]

To be completed in full and submitted at the Department of Home Affairs' office by the PERSON AUTHORISED by the Director-General where the medical practitioner has not certified the cause of death. The form must be completed in BLACK INK with BLOCK LETTERS and the

fingerprints must be attached to	the	elev	ant	spa	ce.	Plea	se	mai	k th	e C	ORI	REC	T b	ox v	vith	☑, v	whe	re r	equi	ired	. All	fiel	ds a	ire	co	MF	UL	so	RY.		
Instructions: Section A to be completed The informant must verify, and where need														e dec	ease	d are	com	puls	ory a	nd m	ust b	e tak	en in	the	pres	senc	e of t	the i	nfor	nant	
A. PARTICULARS OF DEC	CEAS	SED																													_
Identity number (passport if foreign	er)																				Sex			Π	Ι	Ι	I				
Date of birth	ΥY	Υ	М	М	D	D		D	ate	of de	eath	Υ	Υ	Υ	Υ	М	М	D	D		Г									T	٦
Citizenship		$\Box$																												0	
Surname																														ngou	ased
Previous/Maiden surname																														Right thumborint	decease
Forenames																														5	,
Place of death: Town		L																													╝
Province																														T	sed
Residential address: Street																															Left thumbprint of deceased
Town																															t of a
Province													Pos	tal c	ode																Inpbri
Telephone no. (home)																															t thun
Marital status Single		Mar	ried			W	/ido	wed			[	Divor	ced																		
Specify only the highest class	lo G ie	r R	Gı	· 1	Gr	2	G	r 3	G	r 4	Gi	r 5	G	r 6	Gr	7	Gi For	r 8 m 1	Gı For	- 9 m 2	For	10 m 3 C 1	Fo		‡ F¢	Gr 1: orm ITC	5	Un Ted		Unkr wn	
(mark with a tick 🗹 )																					L						$\perp$				
Usual occupation of deceased: work done during most of working																									Ι	Ι	Ι				
life	_	_								_	_	_				_	_		_		_	_	_	_	_	_	_	_			٦
Type of business / industry:		<u></u>		لــا				_	<u></u>	L		<u> </u>	<u> </u>	لـــا	Щ							L	L	L	ᆜ		L				ᆀ
Was the deceased a smoker five (							Yes	<u>_</u>		No	<u>_</u>		Do n	ot kr	now			N	ot ap	plic	able	(mi	nor)	L							_
B. CAUSE OF DEATH																															
3. CAUSE OF DEATH "(Completed by Informant)  I. Provide full description of circumstances that led to the cause of death  2. Was the deceased ill immediately before his / her death?																															
. Was the deceased ill immediately before his / her death?																															
2. Was the deceased ill immedia	tely b	efor	e his	/ he	er de	ath	?																								
3. If yes, for how long?																															
1. What was the nature of the illness?																															
																											_				
C. PARTICULARS OF INF	ORM	AN.	Т	(* Cc	omple	eted	by In	form	ant)																						
Identity number (passport if foreign	er)																													Т	
Citizenship	Г	Г						Г	Π				Γ	П																į	
Date of birth	Υ	Υ	Υ	Υ	М	М	D	D	]			Sex	(																	j	nant
Surname	Γ	П										Г	Γ	П																1	informan
Previous / Maiden surname					-																									4	[ ]
Citizenship Date of birth  Y Y Y M M D D Sex  Surname Previous / Maiden surname Forenames																															
Residential address: Stre	et																							Π	Π	I	I	I	I	T	
Tov	m												Pro	vince	e										] (	Cod	<u> </u>	I			
Telephone number (home)										Се	ll ph	one	no.											]							
Relationship to the deceased:		Par	ent			Spc	use			Dau	ughte	er /S	on	[		Oth	er														_
I, the undersigned, hereby declare the authorised person whose partic understand that a false statement in	culars	арре	ear ii	n Pa	rt D	and	that	the	info	rmat	tion :	subr	nitte	d in t	this	form	and	su	ррог	ting										ned	
													Dat	e sig	ned		Υ	Υ	Υ	Υ	М	М	D	D	]						
Signature													Pla	ce si	gne	i i															

D. DECLARATION BY AUTHORISED PERSON	BARCODE
I, the undersigned, hereby declare that:	(choose the applicable option)
a) I was present at the above mentioned death / saw the body. b) I did not witness the death and did not see the body. The certificate is issued in g the person whose particulars appear in Part C.	good faith, as informed by
c) The information furnished in Parts A and B is to the best of my knowledge and be	elief true and correct.
d) A medical practitioner has not certified the cause of death as, one was not available	ble to do so.
Was the deceased a female person known to be pregnant?	No Don't know
I, the undersigned, hereby declare under oath that the information submitted in this and correct. I understand that a false statement is punishable under section 31 of the	
	Date signed Y Y Y Y M M D D
Signature	Place signed
E. PARTICULARS OF AUTHORISED PERSON	
I, the undersigned, hereby certify that the information provided above is to the best of my know	wledge and belief true and correct
Identity number	Pos
Date of birth	ig l
Surname	a po g
Forenames	Postal code
Residential address Street	
Town	Postal code 5
Province	Telephone number (office)
Cellphone no.	
E-mail address:	
	Office Stamp
Signature Date signed	Y Y Y M M D D
F. FORM DELIVERED TO HOME AFFAIRS OFFICE BY	
Identity no. (passport if foreigner)	
Surname	
Forenames	
Relationship to the deceased Parent Spouse Child	Other, specify
G. FOR OFFICIAL USE ONLY	
The information stated above has been verified by Status	Approved Need investigation
Surname	Office stamp
Forenames	
Persal no.	
Rank	
Signature	Date signed Y Y Y Y M M D D
Documents included with this application: Original ID of Deceased	Copy of ID document of the informant
Copy of ID of Authorised Pers	con Copy of Authorisation Letter issued to Authorised Person
<u> </u>	

at sales he							F	REP	UBL	IC C	FS	OUT	ΉΑ	FRIC	CA													DHA-1	4A
							DE	PAF	RTM	ENT	OF	нОІ	ME /	AFF/	NRS	;						Г						Dor.	code
7.5E													_															Dail	,oue
(11)									В		nexi IAL			ER															
				1	[Birt	hs a	nd D	eath								921													
										egul																			
The form to be completed in BLACK	- INK	with	BLO		ETT		Diese	- m						CT by	N 14	here	regi	ired	by th	he H		Δffc	ire O	fficial					
The form to be completed in BLACE		***************************************										001			JA, 11	TICIC	roqu	an cu	Dy ti	10 11	OIIIC	Alle		ilicia		-			
Date of Issue	Υ	Υ	Υ	Ŷ	V	A N	<u>」</u>	D	D	J																			_
Serial number of DHA-1663	Ш		Ш	丄	$\perp$	丄	<u></u>	<u> </u>			Ва	r-co	de n	umb	er o	f DH	A-1	663			<u></u>	_	<u> </u>			Ш			
A. PARTICULARS OF DECEA	ASED	)																											
Identity number				$\Box$					I		]							Date	of b	irth	Υ	Υ	Υ	Υ		M	M		D
Passport number (if foreigner)				$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$			I										Da	ate c	f de	ath	Υ	Υ	Υ	Υ		М	M	[	D
Citizenship				$\Box$	I	I	I	L	I										5	Sex									
Surname			П	ightharpoons	T	T	T				Π																	$\Box$	$\Box$
Previous or Maiden surname				$\Box$	T		T	Ī																				$\Box$	
Forenames	П			$\top$	T	T	Τ		Π	Π	Π	Π	Π														$\Box$	I	
Place of death: City/Town				$\Box$	T	T	Τ		Π	Π	Π	Π						P	rovii	nce									
Place of burial : City/Town	П		П	T	$\top$	T	T	T	Т	T	Π	Г	Π	П				P	rovii	nce	Γ	Γ	Π	1					
Cause of death	Nati	ural		1	Unna	tura	ī	]	Un	der i	inve	stiga	tion											-					
B. AUTHORITY FOR BURIAL	OF (	COF	RPSE	:																									
This certificate grants the aut	horit	y fo	r the	buri	ial of	the	corp	se 1	fron	the	ma	gist	eria	l dis	trict	in w	hic	h th	e de	ath	ocç	urr	ed o	r at t	he	mag	isteri	al di	strict
where the burial will take place																													
C. FOR OFFICIAL USE																													
Registration of death approved a	nd bu	ırial	orde	r issu	ed. D	HA-1	663	rece	ived	by (	parti	cula	rs of	DHA	offi	cial):				-									
Surname TTT	П		П	Т	Т	T	Т	Τ	Τ	T	Т	Π	Π	Π							_								
Forenames	Ħ		Ħ	十	十	十	T	T	T	t	T	T	T	T	┢	ĺ					D	HA	Off	ice :	star	mp			
Persal No.	ᆸ		廿	寸												ı													
<u> </u>			Η												_	١.				Ĺ	. • • • • • • • • • • • • • • • • • • •							]	
Documents included with this no	tice:		=	Сору		dec	ease	i's ID	)/ pa:	ssort					_						pass	sport	of th	e info	orma	ınt			
DHA-1663 was submitted by:				Inform			_	_	_	_	_	_	1	_	<u> </u>	Fund	eral	Unde I I	ertake	er	_	1							
Identity Number of Recepeint:			Iden	itity n	umb	er		<u> </u>	_	느	L	<u>_</u>	_	느	L	Щ			_		<u>_</u>	ļ							
If Funeral Undertaker:			Desi	ignati	ion n	umb	er			L	L	L		L	L	Ш				L_	<u>_</u>							_	
Signature of recipient													-					Date	recei	ived	Υ	Υ	Υ	Υ		М	M		D
																													1

Al She Di								R	EPL	JBLI	СО	FS	TUC	ΉΑ	FRIC	A												D	HA-1	577
7								DEI	PAR	TME	NT	OF	HO	NE A	AFF#	NRS	i						Г					Serial	Nu	mher
											۸			-														Jona	1401	libei
(77)							Р	RC	OF	: 0			ire 1 TIC		OF	DE	AT	Н												
					[B	irths	s an	d D	eath	s Re	egis	trati	on A	Act :	51 o	f 19	92]													
To be completed in BLACK INK with	BL	оск	LET	TER	RS. F	leas	e ma	rk w	ith ☑	the	COF	RRE	СТЬ	OX, V	here	req	uired	l												
Date of Issue	Υ	Υ	Υ	Υ		М	М		D	D																				
A. PARTICULARS OF DECEA	SEL	)																												
Identity number																		D	ate	of b	irth	Υ	Υ	Υ	Υ		М	M		D D
Passport number (if foreigner)																		Da	ate o	f de	ath	Υ	Υ	Υ	Υ		М	M		D D
Citizenship																				:	Sex									
Surname																													$\perp$	
Previous or Maiden surname																													$\perp$	
Forenames																												$\Box$	I	
Place of death: City/Town																			Р	rovi	nce								I	
Residential address Street																													$\perp$	$\Box$
Town / Village	Province																													
Province	Province Province ARTICULARS OF INFORMANT																$\Box$	T												
entity number Date of birth Y Y Y Y M M M D																														
															D D															
Passport number (if foreigner)	ssport number (if foreigner)																													
assport number (if foreigner)  sex Sex Sex Sex Sex Sex Sex Sex Sex Sex S																														
Surname	ne line															Т	$\Box$													
Previous or Maiden surname		Γ	$\sqcap$		Г	Π		Г	Π	Γ	Γ	Γ	Π									Γ	Π				$\exists$	T	T	$\Box$
Forenames		Π	$\Box$	П		Γ		Γ																			T	T	Ŧ	$\Box$
Residential address Street			Ħ		Ī	Γ		Π	Ī	Г		Π	Г		Г			П	T							T	T	Ŧ	Ŧ	司
Town / Village		Г	$\overline{\sqcap}$		Ī	Г	Γ	Г	Π	Π	Γ	Π	Γ		Г			П	T			Г	Γ	$\overline{\Box}$			$\exists$	Ŧ	T	$\exists \exists$
Province															le le	一	十	十	Ħ											
l l		_	닏	_			_		I T	_	l 1	L	L		L			Щ.						_				<b>+</b>	井	쒸
		_	屵		_	<u> </u>	_	_	_	_	_	_	_	_				Cei	I pno	one	no.	L	<u> </u>	=	Ш	$\dashv$	+	+	┿	#
mail address Cell phone no. Cell phone no.																														
C. FOR OFFICIAL USE C	NL	Υ.																												
It is hereby certified that the death	ı of 1	the p	perso	on w	hos	e pai	ticu	lars	appe	ar ir	ı Paı	rt A I	nas t	een	repo	ortec	I.							**********			- 8.04 (0.00 17.07.07	***********	-	
Surname																						_			_					
Forenames																						D	НА	Off	ice	star	np			
Persal No.																														
																			Det	- oi-	200	Y	Y	Y	Y	Г	м	М	_	D D
Signature														•					Date	e sig	ned	<u> </u>	<u>т</u>	1		l	IVI	IVI	Ľ	11
NB. This document is a not a deat	h ce	rtific	cate.	At t	he re	gist	ratio	n of	the	deat	h, a	deat	h ce	rtific	ate v	vill t	e is:	sued	to ti	he in	forr	nant	t.							

G.P.-S. 09/09

DHA-6



## DEPARTMENT OF HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

## DECLARATION RELATING TO A STILL BIRTH BY A PERSON OTHER THAN A MEDICAL PRACTITIONER

[Births and Deaths Registration Act 51 of 1992] [Section 9]

Quote DHA 1663 Serial Number	

To be completed in full and submitted at the Department of Home Affairs' office or to a South African Embassy or Consulate. The form to be completed in black ink with **BLOCK LETTERS**. Please mark the CORRECT box with  $\boxed{\square}$ , where required. **Applications that are incomplete or not legible shall not be accepted.** 

A. PARTICULARS OF THE STILL	во	RN C	HIL	.D																											
Surname of Child				T									Π					Γ			Π	T	T	Τ	Τ	Γ	T				
Forenames (if any)				T										T								T	Ī	T	Ī	Π					
Date of still birth	Υ	Υ	Υ	Y	1	М	М	М	М	М	М	М	М	М		D	D	(write	mont	h in fu	11)			G	ende		T				
Place of birth: City/Town																	Pro	vince			Ι										
B. PARTICULARS OF DECLARAN	ΙT																						Г								aut
Identity number												1	Г	Π																	Declar
Surname												Ī	Γ																		Left thumbprint of Declarant
Forenames																					Γ	Ī									thumb
Residential address: Street																					Π						_				Left
Town/Village																		Pro	vince												
Telephone no., incl. area code												Cel	l pho	ne no.											]	Posta	l code				
The Deceased is my:		Pare	ent				Spoi	use				Chil	d				Othe	er, Sp	ecify												
I hereby declare under oath that the informat	ion su	ubmitt	ed ir	this fo	rm is	true a	nd co	rrect,	and I	under	rstan	that	a fals	e state	ement	is pu	nishal	ole ur	nder s	ection	31 0	of the	Birth	and D	eath F	Regis	tration	Act 5	of 19	92	
Signature																	Date		Υ	Υ	Υ	Υ	]	М	М		D	D			
C. DECLARATION (For offices us	e on	ly)																													
I certify that before administering the prescrib	ed oa	ath/so	lemr	n decla	ration	I put	the fol	llowin	g que	stions	to th	e dep	onen	and r	oted I	nis/he	r repli	es in I	his/he	r pres	senc	e:									
Do you know and understand the contents of	the a	above	decl	aration	1?																	Office	Star	ηp							
Answer:																															
Have you any objection to taking the prescrib	ed oa	ath?																													
Answer:																															
Do you regard the prescribed oath/solemn de	eclara	ation to	o be	bindin	g on y	our co	nscie	nce?																							
Answer:																															
I certify that the deponent has acknowledged	that I	he/she	e kno	ows an	d und	erstar	ds the	e conf	ents o	of the	, abov	e decl	aratio	on whic	ch was	swoi	n to/	affirm	ed be	fore r	ne a	nd tha	t the	depon	ent's s	signat	ure/thi	a-dmu	rint/m	ark wa	as
placed in my presence. I understand that if I such imprisonment (Section 31(1)(b) of the A	gave	any f	alse																												
		00	,														Date		ΓŸ	Y	ΙΥ	ΙΥ	٦	М	М	1	Б	D			
Signature of the Commissioner of Oaths												-					Date		L <u>'</u>	<u> </u>	<u> </u>	<u> </u>	J		_ <u></u>	J		لـــــا			
Identity number				Τ								]		T							Pe	sal N	umbe								
Surname				T																	Γ						Π				
Forenames																					Π										
Street Address																					Ī		Ī								
Ī																															
Designation (Rank)			_	T-		_						$\overline{}$	1																		

REPUBLIC OF SOUTH AFRICA DHA-14	IB.												
DEPARTMENT OF HOME AFFAIRS  Barr	DEPARTMENT OF HOME AFFAIRS												
Annexure 19 REMOVAL ORDER													
[Births and Deaths Registration Act 51 of 1992]													
[Regulation 16]													
The form to be completed in <b>BLACK INK</b> with <b>BLOCK LETTERS</b> . Please mark with ☑ the CORRECT box, where required.													
Date of Issue	_												
Serial number of DHA-1663 Bar-code number of DHA-1663													
A. PARTICULARS OF DECEASED													
Identity number  Date of birth Y Y Y Y M M M C	D												
Passport number (if foreigner) Date of death Y Y Y Y M M M	D												
Citizenship													
Sumame	Щ												
Previous or Maiden surname	Щ												
Forenames	Ш												
B. AUTHORITY FOR REMOVAL OF CORPSE													
This certificate grants the authority for the removal of the corpse from magisterial district in which the death occurred to a place outside the particular magisterial district.	rial district.												
rticular magisterial district. der issued by: (tick applicable)													
SAPS Force No.													
Forensic Pathologist HPCSA No.													
Surname													
Forenames T													
Telephone No.													
Date Signed	ل												
C. RECIPIENT OF AUTHORITY OF REMOVAL (if Funeral Undertaker please provide details of the business)													
Identity number (passport if foreigner)													
Sumame	$\Box$												
Maiden name	Ħ												
Forename	Ħ												
Name of Funeral Palour	$\Box$												
DHA Designation number													
Business address: Street	$\Box$												
Town Telephone number	$\Box$												
Province Postal code Postal code	靣												
Telephone no., incl. area code Cell phone no.	$\Box$												
E-mail address	$\Box$												
Relation to the deceased: Parent Spouse Funeral undertaker Other Specify:													
Signature of recipient Date received Y Y Y Y M M D	D												

G.P.-S. 017-0150

DHA-20



# DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA ABRIDGED DEATH CERTIFICATE

(Issued in terms of Act No. 51 of 1992)

Certified a true extract from the death register	of:
Identity number	
Surname	
Forenames in full	
Date of birth: Year M	onth Day
Gender	
Marital status	
Date of death: Year Me	onth Day
Place of death	
Cause of death	
(Official date stamp)	Director-General: Home Affairs



Annexure 21

DHA -1774

						,					OR KER		SIGN	IAT	ON	AS I	UN	ER/	٩L										
						[							istra	itior	ı Acı	51	of 1	992	]										
											[Sec	tion	22/	4(1)															
To be completed by the Appl accepted.	ican	t. The	e for	m m	iust t	oe c	omp	leted	in E	BLA	CKI	NK۱	with I	BLC	CK	LET	TER	S. A	ppli	catio	ons	that	are	not	legibl	e sha	III not	be	
A. PARTICULARS OF BUSI	NES	s ov	VNE	R (n	nust	be t	he A	pplic	ant)	)																			
Identity number														Dat	e of	birth		Υ	Υ	Υ	Υ	М	М	D	D				
Surname		Щ									L												]						
Previous / Maiden Surname																							J				eft thun	ahorin	t of
Forenames in full		Ц								L													]				plican		'
Address Street	_	Ш						<u></u>	<u></u>	<u> </u>	<u> </u>	<u></u>		<u> </u>					<u> </u>		<u> </u>	<u>L</u>	ļ						
Town / Village	=	H	닉		Ц	_		_	_	Ŀ	<u> </u>	L		_	L				느	_	$\vdash$	<u> </u>				L			
Province Telephone number	H	H	닉	-		_	_	<u> </u>	_	<u> </u>	<del> </del>	L	Call	L	j ' one n	Code			<u> </u>	_	H	$\vdash$	_	т-	гт			$\neg$	
E-mail address	_	H	ᅥ	-		_		_	_	_	_		Cell	I pric	лет	umi	e	l	Fax		<u> </u>	$\vdash$	$\vdash$	╁	$\vdash$	+	$\frac{1}{1}$	+	$\neg \neg$
B. PARTICULARS OF BUSI	NES	s S					<u></u>		<u></u>	<u> </u>	<u> </u>			<u></u>								<u> </u>	_						
Name of business / funeral page		-								Г	Π	Γ		Г				_	Г	Γ		Г	Т	Т	П	Т	ТТ	$\neg$	
Business Reg. No (CIPC)		Ī									İ			Ī					T	Ī		İ	-	•					
SARS Reg. No		Ī																				j							
Address	St	reet																				]							
Town		- 5																											
	Prov	ince	_	_						<u>L</u>	<u> </u>	<u></u>		Ļ_	L					L	L								
Telephone number	,		_	_					<u> </u>	<u> </u>	<u> </u>			Cod	de				<u> </u>	<u> </u>	<u>_</u>			_					
Cell phone number	<u> </u>	Щ	_	_							Fax													ļ					
E-mail address		L								<u></u>	<u> </u>	<u></u>		<u></u>					<u></u>	<u> </u>	<u></u>	<u></u>							
C. DECLARATION BY BUSI	NES	5 UV	VNE	:К						hor	oby e	doolo	ro th	ot ti	ao in	form	otion		, ide	d in	thio	form	io t		nd oo		Lundo	ntond	
that giving false information is	an	offen	ce w	hich	is p	unis	hable	e in								101111	aliui	ı pro	viue	iu III	uns	IOIII	1151	rue a	ina coi	nect.	l unde	Stariu	
					•						te sig			Y		Υ	Υ		M	M	1	Б	D	7					
Signature										Dai		jiicu		<u> </u>					Livi		<u> </u>			<u> </u>					
D. FOR OFFICIAL USE ONL		OFFIC	CEC	OF O	RIG	IN															DO	CUN	1EN	TS S	UBMI	TTEC	):		
APPLICATION RECEIVED E Surname	IY:	П	_	_	7					<u> </u>	Г			Г	П				l		Г	Сор	v of	busin	ess ow	vner's	Identity	docun	nent
Forenames in full		$\Box$	ᅥ		寸												$\exists$				_	1					from mu		
Persal number			ᅱ		$\exists$					l	F								Ì		_				S regist				
Date Y	Υ	Υ	Y		М	М		D	D			Offi	ce st	tamı	)						L	,			·				
<b>L</b>		LL					' '		,													Сор	y of	CIPC	certific	cate			
Signature																											ederatio dertake		
E. Online verification perfe	orme	ed on	Bu	sine	ess (	Owi	ner a	and	prin	itou	t att	ach	ed		П	Bus	ines	s ov	vner			-							
Surname			T		Ī																								
Forenames in full																			ĺ										
Persal number																													
Signature											Dat	е	Υ	Υ	Υ	Υ	[	M	М		D	D							
F. APPLICATION VERIFIED	 ):											STA	ATUS	 S			App	rove	ed		Rej	ecte	d						
1,																her	eby	dec	lare	that	l ha	ive r	ece	ived	and v	erifie	d the a	pplica	ation
and have approved / rejecte	d* th	ne ap	plica	ation	1. (* (	dele	te w	hich	eve	r is i	not a	ppli	cable	e).								- 1	_						٦
Allocated Design	atior	Nun	nbe	r:																									
		Ш																							Officia	al Sta	тр		
Surname																											*		
Forenames in full																													
Persal number			$\Box$																			,							-
Signature											Dat	е	Υ	Υ	Υ	Υ		М	М		D	D							

N SVL													OUT																	DHA	A-154
	DEPARTMENT OF HOME AFFAIRS																														
									Anr	nexu	ire 2	2																			l
			Αl	PPI	LIC	AT	10	N F					OF	ВІ	RT	Н	CE	RT	IFIC	A:	ΓΕ										
2110							[B	irth	s an	d D	eath	s R	egis	trati	ion <i>i</i>	Act	51 c	f 19	92]							E	BAR	COL	E		
To be completed in full and submitted BLOCK LETTERS. Please mark with the submitted by the	ed at	the	Depa	artme	ent of	f Hor	ne A	ffairs	offi	ce o	r to a	Sou	ıth At	frica	n em	bass	sy or	cons	ulate	. The	for	m to	be c	omp	leted	in B	LAC	K IN	Kw	ith	
Please select below which o							icic	requ	ii eu.	API	Jiica	uon	5 IIIa	Lare	HOL	leg	ible :	sitali	noti	Je at	ccer	neu.									
Unabridged Certificate		Г	1						Cei	rtifie	ed c	ору	of B	irth	Reg	gist	er (v	ault	сор	y)			]								
Abridged Certificate			j						Hai	ndw	ritte	n at	bridg	ged	cert	ific	ate						j								
Please provide reasons for appl	ying	for	this	certi	ficat	e [c	omp	ulso	ry ir	ter	ms c	f se	ction	29	(2) <i>(</i> Ł	<u>) o</u>	the	Act]	<u>:</u>												
											_			_			_														
A DARTIOU AND OF BEROO			05.				-1-16		- 10	-	01111																				
A. PARTICULARS OF PERSO Identity number/Passport No.		T	T	JIK I	НС	EKI	I FIC	AII	= 15	RE	UUII	マピレ 1	_		_	1		О.		<b></b>			_		_	_	_	_	_	_	_
Date of Birth	Y	ΙΥ	ΙΥ	Y	<u> </u> 	М	М	м	М	М	м	М	М	М	<u> </u>		D	ы 1	th e				L	L	L	<u> </u>	Ц_	L	<u> </u>	<u> </u>	ш
Surname	늗	H	H	<u> </u>	<u> </u>	IVI	IVI	I M	IVI	IVI	IVI	I IVI	I	I IVI	╀	L	T	_	(wri	te m	onti	n in i	full)		_	_	_	Т	_	_	$\Box$
Previous/Maiden surname	F	H	H	_	$\vdash$	$\vdash$	_	_	_	H	H	$\vdash$	$\vdash$	_	$\vdash$	$\vdash$	$\vdash$	十	Н	-	_	$\vdash$		_	$\vdash$	$\vdash$	누	$\vdash$	$\vdash$	$\vdash$	H
Forenames in full		H	十	<u> </u>	_			$\vdash$	_		H	$\overline{}$	$\vdash$		H	$\vdash$	<del> </del>	f	H		_	┢	H	_	$\vdash$	一	十	_	$\vdash$	_	片
Place of birth: City/Town		T	Ħ		I											H	1	T	П							$\vdash$	$\overline{}$		F		Ħ
District/Province of Birth		T	Ħ			T					T		1	Cou	ıntry	of I	Birth	T	П			$\overline{}$	T		T		T	T	一	T	Ħ
B. PARTICULARS OF MOTHE	R/	PAI	REN	ГΑ		-					_											-									
Identity number/ Passport No.												]																			
Surname																															
Previous/Maiden surname																															
Forenames in full																															
Place of birth: City/Town																															
District/Province of Birth													]	Cou	ıntry	of I	Birth														
C. PARTICULARS OF FATHE	R/I	PAR	RENT	В																											
Identity number																															
Surname																															
Previous surname		<u> </u>	<u> </u>							L	L	<u></u>		<u></u>	<u> </u>		L	<u> </u>	Щ					_		<u></u>	<u></u>		L	<u></u>	Ц
Forenames in full	_	<u> </u>	<u> </u>		<u>_</u>					L				<u>_</u>	<u> </u>		Ļ	L	Ц	_		L		_	<u>_</u>		$\sqsubseteq$		<u> </u>	_	Ц
Place of birth: City/Town	_	<u> </u>	<u> </u>							<u>_</u>	_	_	H	Ļ	L_	Ļ	<u></u>	느	Щ	4					<u>_</u>		느		L	_	닉
District/Province of Birth  D. PARTICULARS OF APPLIC	<u></u>	<u>_</u>									<u></u>	<u></u>	<u> </u>	Cou	ıntry	of I	3irth	<u>_</u>	Ш							<u> </u>	Щ	<u> </u>	_		Ш
Identity number	AN	, T	r -					_		_	_	1			_	1															
Surname	_	┢	$\vdash$	_						_	<u> </u>	 	$\vdash$	_	<u> </u>	 	Т-	г		_			_			r	_		_	Γ-	$\Box$
Forenames in full	H	┢	$\vdash$		_					$\vdash$	$\vdash$	<u> </u>	$\vdash$	$\vdash$	$\vdash$	_	十	┢	Н	ᅥ		_			_	_	는		$\vdash$	_	H
Residential address: Street	$\vdash$	$\vdash$	十	$\vdash$			_		_	$\vdash$	$\vdash$		$\vdash$	_		$\vdash$	$\vdash$	┢		$\dashv$						$\vdash$	H		$\equiv$		H
Town/Village	_	H	十		H	$\vdash$			_	$\vdash$		$\vdash$	$\vdash$		$\vdash$	$\vdash$	H	H	$\vdash$	ᅥ				_	$\vdash$	$\vdash$	H	H	$\overline{}$	$\vdash$	Ħ
District/Province	$\vdash$	十	Ħ							$\overline{}$	$\vdash$		m	_	T	<u> </u>			Post	al co	ode									_	
Telephone no., incl. area code	┢	T	T							F			i	Ce	ll ph	ı ione	no.		П	1								1			
E-mail address	Г	Г	T			П		,					ÍП		Ė	Γ	Ī	Ī													П
Postal address	Г	Г	T														Π									Г					$\Box$
Province																	]							Pos	tal o	ode	,				
Relationship to the person conc	erne	ed:		Mot	her/	Pare	ent A	١			Fat	her/l	Pare	nt B	3			Leg	al gu	ıard	ian	(Atta	ach p	roo	f of	guar	dian	ship	)		
				Soc	ial V	Vork	er o	r Au	thor	ised	Off	icer,	, pro	vide	cas	e nı	ımb	er:													
				Leg	al re	epres	sent	ative	(At	tach	Po	wer	of At	ttorn	iey)																
										١ .			-1			41-						b.	:44	ـ: بـ	4- 41						
knowledge and belief true and c	orre	ct a	nd th	at ir	ı cas								clare ty of																	per	iod
not exceeding five years of to bo	th s	uch	fine	and	suc	h im	pris	onm	ent	(sec	tion	31(1	) <i>(b)</i>	of A	ct 5	1 of	199	2)													
Signature of Applicant:													Date		Γv	Y	Γv	V	ı	м	м		D	D	ı						
Signature of Applicant.												. '	Date		<u>Ľ</u>	<u> </u>	<u> </u>	<u> </u>	l L	101	IVI		۳								
E. FOR OFFICIAL USE ONLY																															
APPLICATION RECEIVED BY:		_			_				_		_			ı				DOG	CUME												
Surname	_	$\vdash$	┢			Н	_		_	_	_		H					늗				-			ent c	т ар	plica	ant			
Forenames in full		<u> </u>	<u> </u>	Н	H	Ш				<u> </u>			Щ	l 			}	H	Prod		-			р							
Persal No.		<u></u>	<u>_</u>	<u></u>	L													$\vdash$	Pow						-11-	hi-					
Date Y Y Y	Υ	J	М	М		ט	D		_	ffica		mr	- OF	EIC	= 01			$\vdash$	Pay												
1								i	U	11106			GIN	101	_ 01			<u> </u>	Сор	y of	Pas	spo	rt, in	Cl. p	age	with	ı vis	a/pe	rmit		
Signature								L									į														

G.P.-S. 09/09

#### REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS

DHA-132

## APPLICATION FOR DEATH CERTIFICATE

[Births and Deaths Registration Act 51 of 1992]

To be completed in full and submitted LETTERS. Please mark with ☑ the C																					rm to	be	com	plete	d in I	olack	ink	with	BLC	CK	
Please select below which ce	rtific	ate	is red	quire	d:																		_								
Unabridged Certificate									Се	rtifie	d c	ру	of d	eath	reg	iste	r (va	ult d	ору	')			]								
Abridged Certificate									На	ndw	ritte	n at	orido	jed	certi	ifica	te						]								
Please provide reasons for applyin	ng fo	r thi	s cei	rtifica	ate [	com	puls	ory i	n ter	ms	of S	ectio	n 29	(2)	9 (b	) of t	he A	<u>ct]:</u>													
A. PARTICULARS OF A DECEA	SE	)																													
Identity / Passport number												]				]			Dea	ath E	Entry	/ no:	<u> </u>			Π		Ι	Ι	Ι	
Date of death	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М	]	D	D		(wri	te m	onti	h in i	full)								
Surname																												L	L	m I	floor
Previous/Maiden surname																												L	$oxed{\mathbb{L}}$	$\perp$	$oxed{L}$
Forenames in full																												L	$\bot$	I	$\perp$
Place of death: City/Town																												I	I	I	$\mathbb{I}$
Place of Burial: City/Town			Π																								Τ	I	I	Ι	Ι
Province of death/District													]	Cou	ntry	of de	eath											Ι	$\Box$	I	I
B. PARTICULARS OF APPLICA	NT																														
Identity/Passport number			<u></u>	<u></u>				L	<u> </u>	<u></u>	<u> </u>		<u></u>											_	_						
Surname									<u></u>		<u> </u>	<u> </u>	<u></u>										<u>_</u>	<u> </u>			L	丄	<u></u>	$\perp$	$\perp$
Forenames in full			<u> </u>																			<u> </u>	<u> </u>	<u> </u>				丄	丄	_	ightharpoonup
Residential address: Street	_		<u> </u>	<u></u>	<u> </u>				_	L		L	<u>_</u>									<u> </u>		Ļ	-	L	<u>_</u>	Ļ	丰	<u></u>	<u></u>
Town/Village	_	<u> </u>	<u> </u>	<u></u>		<u></u>		<u> </u>	<u> </u>			L	<u> </u>	<u></u>	L	<u></u>						<u></u>	<u> </u>	<u> </u>	<u> </u>	Ļ	<u> </u>	$\perp$	丄	L	
Province /District	<u>_</u>		<u> </u>	<u> </u>	<u> </u>						<u> </u>		<u> </u>						Pos	stal	code	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_		_			
Telephone no., incl. area code			<u> </u>							<u></u>	<u> </u>		J		ell ph	one	no.										<u> </u>	J			
Relationship to the Deceased:		_	ξ.	sban							_		artne	r B —				Leg	al R	epre	sen	tativ	e	_	_	_	7				
		<u></u>	1	thori					cas	se n	umb	er:		<u> </u>	<u></u>							<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	_		_	_
			Oth	er, p	leas	se sp	pecif	У			<u> </u>			<u> </u>								<u> </u>	<u></u>	<u> </u>		<u> </u>	<u></u>	$\perp$	$\perp$		
I—————————————————and belief true and correct in case both such fine and such imprisonn	it is	not		l sha	all be	gui	ilty o	f an	offe	nce														•		-		edin	g fiv	е уе	ars (
Signature of Applicant:	gad the sient		u najvojenistist e	age size sain at Char	NAME AND ADDRESS OF			-					Date	):	Υ	Υ	Υ	Υ		М	М	]	D	D	] .						
C. APPLICATION RECEIVED BY:																	DOC	UMI	ENTS	s su	ВМІ	TTE	D: P	LEA	SE T	тск	V	]			
Identity Number				]									]					Orig	inal	ID d	locu	mer	nt of	арр	lican	t wa	s pr	ese	ntec	ı	
Surname																		Pov	er o	f Att	orne	еу									
Forenames in full																		Pay	men	t rec	ceive	ed, i	f ap	plica	ble						
Persal No.																			Off	ice s	tam	 1D - (1	OFF	ICF	OF (	ORI	GIN	•••••		_	
Date Y Y Y	Υ		М	М		D	D												5,1		·	۰۳ ۱	J. 1	. • •	<b>.</b>	J. 111	-111				
Signature																															

				UŊ				_					_										_							DHA	·-19
			I	( Bir]										n A					]						ı	Bar	· Ce	ode	;		
Tipe.					IS	SU	ED '	WIT	ΉΟ	UTE	ERF	≀OR	s c	R A	LTE	RA	TIOI	NS													
A. CHILD																															
Surname																															
Forenames in full																															
Date of birth	Υ	Υ	Υ	Υ		Μ	М	М	Μ	М	М	М	M	M	]	D	D	(wri	te m	onth	in fu	II)		Sex	C:						
Place of birth: City/Town																	Prov	ince													
Country of birth																															
B. MOTHER / PARENT A																															
Passport No.															1				Dat	e of	birth	Υ	Υ	Y	Y	1	М	М		D	D
Surname																										Ī					
Maiden/Previous surname	Ī	Ī	$\overline{\Box}$	$\bar{\sqcap}$	_		Ē	Ī	Ē	Ē	Ī	Ī	Ī	T	Ī		Ī				Ī		Ē	Ē	Ē	Ī	Ī	$\overline{\Box}$	Ē		_
Forenames in full		T								Ī	T	Ī	Ī	Ī	Ī			Γ					Г	T	T	T	Ħ		П		
Place of birth: City/Town															Cou	intry	of bi	rth													_
Nationality																									Ī	Ī	Ē				_
C. FATHER / PARENT B																															_
Passport No.													]				1		Dat	e of	birth	Υ	Υ	Υ	Υ	1	М	М		D	D
Surname																										İ					_
Forenames in full																															_
Place of birth: City/Town															Cou	ntry	of bi	rth													_
Nationality																															_
D. ENDORSEMENTS		_	_	_	_	_	_	•	_	_	_	_	_	_	_										Offi	ce sta	2mn			_	
																									O	<b>66 6</b>	amp				
																			_												
Direct	or-Gen	eral																													

No.0094295

G P.-S. 83/BI-18

(83/BI-18)



# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

## **UNABRIDGED DEATH CERTIFICATE**

(Issued in terms of Act 51 of 1992)

Cei	tified a true extract from the death register of:
1.	Identity Number
2.	Surname
3.	Forenames in full
4.	Date of birth: Year Month Day 5. Gender
6.	Occupation
8.	Country of birth
9.	Nature of pension
10.	Residential address
	PARTICULARS OF DEATH
11.	Date of death: Year Month Day
12.	Place of death
13.	Cause of death
14.	Duration of disease or last illness
15.	Name of medical practitioner
16.	Intended place of burial
	INFORMANT
17.	Capacity
18.	Signed by
r	
	(Official date stamp)  Director-General: Home Affairs
i	Director-General: nome Attairs