

DEPARTMENT OF HOME AFFAIRS**No. R. 463****25 April 2008****BIRTHS AND DEATHS REGISTRATION ACT, 1992****SEVENTH AMENDMENT OF THE REGULATIONS ON THE REGISTRATION OF
BIRTHS AND DEATHS, 1992**

The Minister of Home Affairs has, in terms of section 32(1) of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), made the regulations in the Schedule.

SCHEDULE**Definition**

1. In these Regulations “the Regulations” means the regulations published under Government Notice No. R. 2139 of 9 September 1992, as amended by Government Notice Nos. R. 1503 of 2 September 1994, R. 1635 of 11 October 1996, R. 879 of 3 July 1998, R. 117 of 1 February 1999, R. 956 of 13 August 1999 and R. 1338 of 26 September 2003.

Amendment of regulation 1 of the Regulations

2. Regulation 1 of the Regulations is hereby amended by—

(a) the deletion of the definition “immigration officer”; and

- (b) the insertion after the definition “**informant**” of the following definition:
“**‘inspectorate’** means the inspectorate contemplated in section 33 of the Immigration Act, 2002 (Act No. 13 of 2002);”.

Amendment of regulation 3 of the Regulations

3. Regulation 3 of the Regulations is hereby amended by the substitution for paragraph (c) of the following paragraph:

- “(c) to receive from informants and from persons referred to in paragraph (a), the completed registers, forms and notices, accompanied by declarations and certificates, if prescribed, and to verify or cause to be verified the information furnished therein and to cause any deficiencies or inaccuracies appearing therein to be supplemented or to be corrected.”.

Amendment of regulation 4A of the Regulations

4. Regulation 4A of the Regulations is hereby amended by the substitution for subregulation (2) of the following subregulation:

- “(2) If the customary union or marriage is recognised in terms of section 1(2) of the Act, the relevant application must be attached to a duly completed notice of birth form contemplated in Annexure 1A.”.

Amendment of regulation 5 of the Regulations

5. Regulation 5 of the Regulations is hereby amended by—

- (a) the substitution for subregulation (1) of the following subregulation:
“(1) A notice of birth in terms of Chapter II of the Act shall be in the form and contain substantially the information set out in Annexure 1A.”; and
- (b) the substitution for subregulation (2) of the following subregulation:
“(2) The information concerning a birth shall be given by the informant in writing to any person authorized for this purpose under section 4(1) of the Act.”.

Amendment of regulation 6 of the Regulations

6. Regulation 6 of the Regulations is hereby amended by—

(a) the substitution for subregulation (6) of the following subregulation:

“(6) If a notice of birth is given after the expiration of thirty days, but before the expiration of one year from the date of birth, written reasons shall be submitted to the Director-General for the late notice, and if he or she is satisfied that the child whose birth is being given notice of is a child referred to in section 9 of the Act, the birth shall be registered accordingly.”;

(b) the substitution for subregulation (7) of the following subregulation:

“(7) A notice of birth of a person of one year and older shall be accompanied by—

- (a) an affidavit by the informant who shall be a South African citizen or a permanent residence holder with a valid identity document confirming the identity and status of the person concerned in the form and containing substantially the information set out in Annexure 1C: Provided that in the case of a person who is one year old, but less than 15 years old, the informant must submit a valid clinic card or other conclusive proof of the identity and status of that person;
- (b) two recent passport size photos of the person whose notice of birth is being given where the person concerned is 15 years and older; and
- (c) written reasons for the late notice.”;

(c) the substitution for subregulation (8) of the following subregulation:

“(8) The Director-General may, if satisfied that the person referred to in subregulation (7) is a South African citizen, a South African permanent residence holder or a non-South African referred to in section 5(3) of the Act, as the case may be, register the birth accordingly: Provided that if the Director-General is in

doubt about the identity and status of the person concerned, he or she shall refer the matter to the Inspectorate to investigate and deal with it in terms of the provisions of the Immigration Act, 2002 (Act No. 13 of 2002).”;

(d) the insertion after subregulation (8) of the following subregulation:

“(8A) The Director-General or an authorised officer shall, subject to section 7 of the Act, verify the information furnished to him or her for the registration of birth by careful questioning of—

- (i) the deponent of the affidavit referred to in subregulation (7); and
- (ii) if possible, the person whose birth is being given notice of.”;

(e) the substitution for subregulation (9) of the following subregulation:

“(9) If a person whose birth is being given notice of is 15 years or older, his or her fingerprints shall be affixed to the appropriate space on the form contemplated in Annexure 1B.”; and

(f) the substitution for subregulation (10) of the following subregulation:

“(10) An informant giving notice of the birth of a person after the expiration of one year from the date of birth shall affix his or her fingerprints to the appropriate space on the form contemplated in Annexure 1B: Provided that in the case of a notice of birth of a person who is older than one year, but less than 15 years of age, fingerprints of the informant may be taken if no valid clinic card or conclusive proof of identity and status has been submitted.”.

Substitution of regulation 7 of the Regulations

7. The following regulation is hereby substituted for regulation 7 of the Regulations:

“Notice of birth of child born out of wedlock

7. Where notice is given in terms of section 10(1)(b) of the Act, the person who acknowledges that he is the father of the child shall enter the particulars regarding himself as set out in Annexure 1A upon the notice of birth.”.

Substitution of regulation 10 of the Regulations

8. The following regulation is hereby substituted for regulation 10 of the Regulations:

“Birth outside the Republic

10. In the case of a birth referred to in section 13 of the Act, the informant shall submit a birth certificate issued by the authority concerned in the country in which the birth occurred, together with the notice of birth in the form and contain substantially the information set out in Annexure 1A and Annexure 1B respectively, irrespective of whether the notice is given to the head of a South African mission or to a regional representative in the Republic.”.

Short title and commencement

9. These Regulations shall be called the Seventh Amendment of the Regulations on the Births and Deaths Registration, 1992, and shall come into operation on 1 May 2008.

B. DETAILS OF THE INFORMANT										
Identity number					Date of birth (YYYYMMDD)					
Surname										
Previous/Maiden surname										
Forenames in full										
Registered place of birth					Country of birth					
Current contact address Street										
Town/Village					Province					
Telephone no. Incl. area code					Cell phone			Postal code		
Citizenship					Permanent residence permit no. 					
Relationship to the child	<input type="checkbox"/> Parent 1 (Father) <input type="checkbox"/> Parent 2 (Mother) <input type="checkbox"/> Family member, please specify 									
	<input type="checkbox"/> Legal guardian <input type="checkbox"/> Social worker or authorised office, provide case no. 									
	<input type="checkbox"/> Other, please specify 									

F. DECLARATION	
I, _____ (the informant), hereby declare that all information supplied by me on this application form is true and correct.	
Informant <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Initials and surname Signature </div>	Date (YYYYMMDD) Place
Child (15 years and older) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Initials and surname Signature </div>	Date (YYYYMMDD) Place

FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN									
NOTICE OF BIRTH RECEIVED BY Date (YYYYMMDD) Initials and surname _____ Signature _____ Personal number 	<div style="text-align: center; font-size: 0.8em;"> Stat Birth <table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">I</td> <td style="border: 1px solid black; padding: 2px;">O</td> <td style="border: 1px solid black; padding: 2px;">S</td> <td style="border: 1px solid black; padding: 2px;">M</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; height: 80px; margin-top: 10px; text-align: center; font-size: 0.8em;"> Office stamp - OFFICE OF ORIGIN </div>	I	O	S	M				
I	O	S	M						

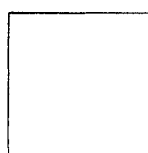
DOCUMENTS SUBMITTED WITH THIS APPLICATION PLEASE TICK <input checked="" type="checkbox"/>	
<input type="checkbox"/> Affidavit DHA-288 <input type="checkbox"/> DHA-24/A for the child <input type="checkbox"/> DHA-24/A for the informant <input type="checkbox"/> Marriage certificate of the parent (copy) <input type="checkbox"/> 2 photographs of the child <input type="checkbox"/> Any other documentation, please specify _____	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Each page of Affidavit Initialed by informant and Commissioner of Oaths <input type="checkbox"/> Original ID document of Informant was presented <input type="checkbox"/> Certified copy of Informant's ID document <input type="checkbox"/> Hospital/Clinic/Maternity certificate (copy) </div> <div style="width: 30%;"> <input type="checkbox"/> Foreign birth certificate of the child (copy) <input type="checkbox"/> Citizenship determination form BI-529 <input type="checkbox"/> Foreign ID document(s) of the child <input type="checkbox"/> Birth certificate of the child's father / mother <input type="checkbox"/> ID document of the child's father / mother </div> </div>

NPR verification performed for following persons:	
<input type="checkbox"/> Parent 1 (Father) <input type="checkbox"/> Parent 2 (Mother) <input type="checkbox"/> Informant <input type="checkbox"/> Reference person (if applicable) <input type="checkbox"/> Child	
NPR verification results: _____	
Please enter the barcode numbers of the fingerprint verification results:	
DHA-24/A of the child:	
DHA-24/A of the Informant:	
If On-line verification is available at the front office, please provide the fingerprint verification results:	
Fingerprints of the child	<input type="checkbox"/> No hit If other result, please comment: _____
Fingerprints of the Informant	<input type="checkbox"/> Hit If other result, please comment: _____

VERIFIED BY SUPERVISOR - OFFICE OF ORIGIN	
Date (YYYYMMDD) 	Initials and surname _____
Application is complete and all required documents are enclosed 	Signature _____
Fingerprints are taken correctly of <input type="checkbox"/> Child <input type="checkbox"/> Informant	Personal number

OFFICE SECTION THAT ALLOCATES THE ID NUMBER	
Capturing date (YYYYMMDD) 	<div style="border: 1px solid black; height: 80px; text-align: center; font-size: 0.8em;"> Office stamp - FOR OFFICE THAT ALLOCATES THE ID NUMBER </div>
Initials and surname _____	
Signature _____	
Personal number 	

Annexure 1B



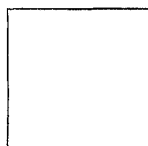
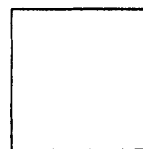
LEFT SMALL

Photo of the CHILD
onlyNo photo required for
Informant.

PHOTO

DHA-24/A

RIGHT SMALL



LEFT RING

**FINGERPRINTS FOR THE NOTICE OF BIRTH
OF A CHILD OF 15 YEARS AND OLDER**

PLEASE NOTE: Fingerprints may only be taken by an official of the Department of Home Affairs. Should a finger be missing, deformed or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression.

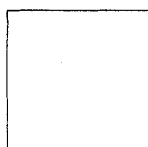
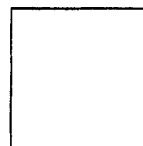
FINGERPRINTS OF:

Please tick appropriate box

CHILD

INFORMANT

RIGHT RING



LEFT MIDDLE

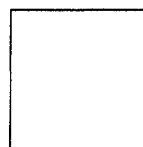
PERSONAL PARTICULARS**CHILD:**

Surname: _____

Forenames: _____

Date of Birth (YYYYMMDD) _____

RIGHT MIDDLE

**INFORMANT:**

Surname: _____

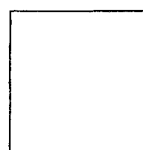
Forenames: _____

Identity Number _____

LEFT INDEX

FINGERPRINTS TAKEN BY: PLEASE PRINT FULL NAME_____
Personal Number _____

RIGHT INDEX

**VERIFICATION RESULTS (HANS):****RETURN THE FORM TO:**

Name of Regional Office (or Head Office: Population Register, if foreign birth)

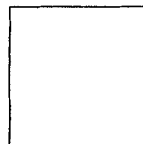
● REGISTERED FINGER

NO. 1 - NO. 2



LEFT THUMB

RIGHT THUMB



Departmental office stamp – Office of origin

PLAIN PRINTS LEFT HAND

LEFT THUMB

RIGHT THUMB

PLAIN PRINTS RIGHT HAND

Annexure 1C

G.P.-S

DHA-288



home affairs
Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

DEPARTMENT: HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

AFFIDAVIT IN SUPPORT OF NOTICE OF BIRTH

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

To be completed by the **Informant**. The informant and Commissioner of Oaths to initial each page.
To be submitted together with DHA-24 and DHA-24/A forms. The form must be completed in black ink with **BLOCK LETTERS**.
Please mark with ☒ the CORRECT box, where required. **Applications that are not legible shall not be accepted.**

A. DETAILS OF THE INFORMANT

Identify number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth (YYYY-MM-DD)	<input type="text"/>	Passport No./Permanent residence permit No.	<input type="text"/>
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Current contact address	Street <input type="text"/>		
	Town/Village <input type="text"/>	Province	<input type="text"/>
Telephone No., incl. area code	<input type="text"/>	Cell phone No.	<input type="text"/>
Postal address	<input type="text"/>		
	Province <input type="text"/>	Postal Code	<input type="text"/>
Registered place of birth	<input type="text"/>	Country of birth	<input type="text"/>
Relationship to the child	<input type="checkbox"/> Parent 1 (Father) <input type="checkbox"/> Parent 2 (Mother) <input type="checkbox"/> Family member, please specify <input type="text"/>		
	<input type="checkbox"/> Legal guardian <input type="checkbox"/> Social worker or authorised officer, provide Case No. <input type="text"/>		
	<input type="checkbox"/> Other, please specify <input type="text"/>		

If you are not the parent or the legal guardian, provide the reason why you are giving the notice of birth [COMPULSORY SECTION]:

B. DETAILS OF THE CHILD

Surname as at birth	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth (YYYY-MM-DD)	<input type="text"/>	Gender	<input type="text"/>
Town/City of birth	<input type="text"/>	Province	<input type="text"/>
Country of birth	<input type="text"/>	Postal Code	<input type="text"/>
Current contact address	Street <input type="text"/>		
	Town/Village <input type="text"/>	Province	<input type="text"/>
Telephone No., incl. area code	<input type="text"/>	Cell phone No.	<input type="text"/>
Language (mother tongue)	<input type="text"/>	Second language	<input type="text"/>

DHA-288

C. DETAILS OF LIFE EVENTS OF THE CHILD**C1. INSTITUTION OF BIRTH – COMPULSORY**

Place of birth	Public hospital <input type="checkbox"/>	Private hospital <input type="checkbox"/>	Clinic <input type="checkbox"/>	At home <input type="checkbox"/>	Other
Name of place of birth	<input type="text"/>				
Full address	<input type="text"/>				
	Street	<input type="text"/>			
	Town/Village	<input type="text"/>	Province	<input type="text"/>	
Postal code	<input type="text"/>				
Telephone No., incl. area code	<input type="text"/>		Cell phone No.	<input type="text"/>	
Contact person name	<input type="text"/>				

C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD

Institution name	<input type="text"/>				
Contact address	<input type="text"/>				
	Street	<input type="text"/>			
	Town/Village	<input type="text"/>	Province	<input type="text"/>	
Postal code	<input type="text"/>				
Telephone No., incl. area code	<input type="text"/>		Cell phone No.	<input type="text"/>	
Contact person name	<input type="text"/>				
Date of ceremony (YYYY/MM/DD)	<input type="text"/>		Name of the ceremony	<input type="text"/>	

C3. PRE-SCHOOL OR CRECHE ATTENDED

Institution name	<input type="text"/>				
Contact address	<input type="text"/>				
	Street	<input type="text"/>			
	Town/Village	<input type="text"/>	Province	<input type="text"/>	
Postal code	<input type="text"/>				
Telephone No., incl. area code	<input type="text"/>		Cell phone No.	<input type="text"/>	
Contact person name	<input type="text"/>				
Period of attendance (YYYY/MM/DD)	From	<input type="text"/>	To	<input type="text"/>	

C4. PRIMARY SCHOOL ATTENDED

Did the child attend more than one primary school ?	<input type="checkbox"/>	If yes, please submit details of school with most available information			
School name	<input type="text"/>				
Contact address	<input type="text"/>				
	Street	<input type="text"/>			
	Town/Village	<input type="text"/>	Province	<input type="text"/>	
Postal code	<input type="text"/>				
Telephone No., incl. area code	<input type="text"/>		Cell phone No.	<input type="text"/>	
Contact person name	<input type="text"/>				
Period of attendance (YYYY/MM/DD)	From	<input type="text"/>	To	<input type="text"/>	
Grade at admission	<input type="text"/>		Highest grade passed	<input type="text"/>	

C5. SECONDARY SCHOOL ATTENDEDDid the child attend more than one secondary school? ☐ If yes, please submit details of school with most available information

School name	<input type="text"/>	
Contact address	<input type="text"/>	
	Street	<input type="text"/>
	Town/Village	<input type="text"/>
	Province	<input type="text"/>
Postal code	<input type="text"/>	
Telephone No., incl. area code	<input type="text"/>	Cell phone No. <input type="text"/>
Contact person name	<input type="text"/>	
Period of attendance (YYYY/MM/DD)	From <input type="text"/>	To <input type="text"/>
Grade at admission	<input type="text"/>	Highest grade passed <input type="text"/>

C6. EMPLOYMENT RECORD – THE MOST RECENT EMPLOYER

Employer	<input type="text"/>	
Physical address	<input type="text"/>	
	Street	<input type="text"/>
	Town/Village	<input type="text"/>
	Province	<input type="text"/>
Postal code	<input type="text"/>	
Postal address	<input type="text"/>	
	Province	<input type="text"/>
	Postal Code	<input type="text"/>
Telephone No., incl. area code	<input type="text"/>	Cell phone no. <input type="text"/>
Contact person name	<input type="text"/>	
Period of employment (YYYY/MM/DD)	From <input type="text"/>	To <input type="text"/>
Nature of work performed	<input type="text"/>	

C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2 – C6 WERE COMPLETED

The reference to the birth is:

<input type="checkbox"/> Witness to the birth	<input type="checkbox"/> Family member	<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Pastor/Priest
<input type="checkbox"/> Tribal authority	<input type="checkbox"/> Person who raised the child	<input type="checkbox"/> Social worker	<input type="checkbox"/> Other, please specify <input type="text"/>
Identity number	<input type="text"/>		
	Citizenship	<input type="text"/>	
Date of birth (YYYY/MM/DD)	<input type="text"/>	Passport no./	<input type="text"/>
	Permanent residence permit no.	<input type="text"/>	
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Physical address	<input type="text"/>		
	Street	<input type="text"/>	
	Town/Village	<input type="text"/>	
	Province	<input type="text"/>	
Postal code	<input type="text"/>		
Telephone No., incl. area code	<input type="text"/>	Cell phone No.	<input type="text"/>
Registered place of birth	<input type="text"/>	Country of birth	<input type="text"/>

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D. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted

I,(the informant), hereby declare under oath that the information submitted in this Affidavit and the 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.

Signature of deponent

Date (YYYY/MM/DD)

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I certify that before administering the oath I asked the deponent the following 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? Answer:.....

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature or mark was affixed to the declaration in my presence.

Office stamp - OFFICE OF ORIGIN

Signature of the Commissioner of Oaths

Full first names and surname.....

Designation (rank).....

Business Address.....

Date..... Place.....

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

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NOTICE OF BIRTH RECEIVED BY:

Date (YYYY/MM/DD)

--	--	--	--	--	--	--	--

Initials and surname
of the official.....

Signature

Persal number

--	--	--	--	--	--	--	--

Stat Birth

I	O	S	M

Office stamp - OFFICE OF ORIGIN