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# GOVERNMENT NOTICE

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## 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
- (l) 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—
  - (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 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;
- (e) 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;
- (f) 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;
- (h) where applicable, a certified copy of the marriage certificate of the parents of the child or person;
- (i) 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;
- (l) 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:

Identity number grid

Bar Code box

Annexure 1A APPLICATION FOR A BIRTH CERTIFICATE (WITHIN 30 DAYS)

[Births and Deaths Registration Act 51 of 1992]

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 tick with [X] the CORRECT box, where required. Write LEGIBLY. Applications that are not legible shall not be accepted.

Date of application grid

A. DETAILS OF THE CHILD

Surname grid

Forenames in full grid

Date of birth grid and Sex field

NOTE: If twins or more, provide time of birth for each child. For each child, complete separate DHA-24 and submit all forms together.

Child 1-6 birth time grids

Place of birth: City/Town and Province grids

Country of birth grid

Are the parents of the child married to each other? grid and options

Date of marriage grid and note: If Yes, enclose a certified copy of the marriage certificate

NOTE: The palm, foot or fingerprints of the child must be taken and affixed at the back of this form by an official of the Department.

B. DETAILS OF MOTHER (PARENT A) (In the case of Civil Union this section must be completed by the natural mother)

Mother Identity number and Date of birth grids

Mother Present surname grid

Mother Maiden surname grid

Mother Forenames in full grid

Mother Place of birth: City/Town and Country of birth grids

Mother Residential address: Street grid

Mother Residential address: Town/Village and Province grids

Mother Telephone no., incl. area code, Cell phone no., and Postal code grids

Mother E-mail address grid

Mother Citizenship and Permanent/Temporary permit no. grids

C. DETAILS OF FATHER (PARENT B)

Father Identity number and Date of birth grids

Father Present surname grid

Father Maiden surname grid

Father Forenames in full grid

Father Place of birth: City/Town and Country of birth grids

Father Residential address: Street grid

Father Residential address: Town/Village and Province grids

Father Telephone no., incl. area code, Cell phone no., and Postal code grids

Father E-mail address grid

Father Citizenship and Permanent/Temporary permit no. grids

**D. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK**

I hereby declare that I am the biological father of the child

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Identity number (passport no. if foreigner)

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

Date

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

Mother's consent to the acknowledgement of paternity

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Identity number (passport no. if foreigner)

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

Date

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

**E. DETAILS OF THE APPLICANT / NEXT OF KIN / LEGAL GUARDIAN / SOCIAL WORKER (if Applicant is not the parent, please complete and submit Form DHA-288/B, where applicable)**

Relationship to child, if next of kin:

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

Identity number (passport no. if foreigner)

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

Date of birth

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

Social Workers Case No:

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

(Attach copy of Court order)

Surname

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

Forenames in full

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

Place of birth: City/Town

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

Country of birth

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

Residential address Street

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

Town/Village

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

Province

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

Telephone no., incl. area code

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Cell phone no.

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Postal code

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

E-mail address

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

Citizenship

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

Permanent/Temporary permit no.

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

**F. DECLARATION BY APPLICANT**

Does one of the parents have a pending application for asylum in the Republic?  Yes  No

If Yes, status of application and attach copy asylum seeker permit (s22 ito Refugees Act)

I, \_\_\_\_\_, hereby declare that the information supplied in this Application is to the best of my knowledge and belief, true and correct. I understand that any false statement made in this Application and supporting documents is an offence and punishable in terms of section 31 of the Births and Deaths Registration Act of 1992.

**Mother (Parent A)**

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Date

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

Place

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

**Father (Parent B)**

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Date

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

Place

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

**Applicant, if not Mother or Father**

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Date

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

Place

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

Relationship to the child:  Next of Kin  Legal guardian  Social worker

G. PALM, FOOT OR FINGERPRINTS OF THE CHILD (To be taken and affixed below by an official of the Department.)

LEFT	RIGHT
------	-------

H. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED AND VERIFIED BY:

Surname

First name

Persal number

Office stamp - Office of Origin

Stat		Birth	
I	O	S	M
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK

- |                                                                                                                           |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Proof of Birth Form (DHA-24/PB)                                                                  | <input type="checkbox"/> Paternity test results (if applicable)                       |
| <input type="checkbox"/> Certified copy of Mother's/Parent A's ID                                                         | <input type="checkbox"/> Copy of valid passport (all pages)                           |
| <input type="checkbox"/> Certified copy of Father's/Parent B's ID (if applicable)                                         | <input type="checkbox"/> Affidavit (DHA-288/B)                                        |
| <input type="checkbox"/> Certified copy of Next of kin / Legal Guardian/Social Worker's ID                                | <input type="checkbox"/> Affidavit (DHA-288C)                                         |
| <input type="checkbox"/> Certified copy of Marriage / Civil Union/ Customary Marriage Certificate of parents (if married) | <input type="checkbox"/> Certified copy of court order (abandoned/ orphaned children) |
| <input type="checkbox"/> DHA-1658 if married religiously i.e. Muslim, Hindu                                               | <input type="checkbox"/> Certified copy of death certificate (if applicable)          |
| <input type="checkbox"/> Certified copy of Social Worker's Registration Certificate                                       |                                                                                       |

If foreign birth, additional documents:

- Certified copy of the Foreign birth certificate of the child
- Citizenship determination Form DHA-529 (SA Parent)
- Citizenship determination Form DHA-529 (Child)
- Copy of refugee permit (s24 to Refugees Act), if applicable
- Copy of Asylum Seeker permit (s22 to Refugees Act), if applicable
- Copy of permit (to Immigration Act), if applicable

Online verification performed and printouts attached for following persons:

- Mother (Parent A)  
  Father (Parent B)  
  Next of Kin  
  Legal guardian  
  Social worker

Date         Signature \_\_\_\_\_

I. APPLICATION RECEIVED AND VERIFIED:

STATUS  Approved  Rejected

I, \_\_\_\_\_ hereby declare that I have received and verified the application, as indicated above approved / rejected\* the application for a birth certificate. (\* delete whichever is not applicable)

Persal Number       Date         Signature \_\_\_\_\_



**home affairs**  
Department: Home Affairs  
REPUBLIC OF SOUTH AFRICA

Allocated Identity Number:

\_\_\_\_\_

**Bar Code**

Annexure 1B  
**APPLICATION FOR A BIRTH CERTIFICATE  
(AFTER 30 DAYS)**

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

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 the Department of Home Affairs' office or to a South African embassy or consulate. The informant 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. **Applications that are not legible shall not be accepted.**

Date of application -----  After 30 days  After 1 year

**A. DETAILS OF THE CHILD** Note: Fingerprints of child who is 7 years or older must be taken on DHA-24/A

Surname as at birth \_\_\_\_\_

Forenames in full \_\_\_\_\_

Date of birth ----- Sex:

Place of birth: City/Town \_\_\_\_\_ Province \_\_\_\_\_

Country of birth \_\_\_\_\_ Postal code \_\_\_\_\_

Are the parents of the child married to each other?  If Yes, nature of marriage  Civil  Customary  Civil Union  Other

Date of marriage ----- Marriage certificate enclosed  Yes  No

Telephone no., incl. area code \_\_\_\_\_ Cell phone no. \_\_\_\_\_

**NOTE: If twins or more, provide time of birth for each child. For each child, complete separate DHA-24 and submit all forms together.**

Child 1: Time ----- Child 3: Time ----- Child 5: Time -----

Child 2: Time ----- Child 4: Time ----- Child 6: Time -----

**COMPULSORY SECTION**

Provide reason why the application for a birth certificate was not made within 30 days of birth in terms of section 9(1) of the Births and Deaths Registration Act 51 of 1992

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. DETAILS OF MOTHER (PARENT A)**

Identity number \_\_\_\_\_ Date of birth -----

Surname \_\_\_\_\_

Previous / Maiden surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Place of birth: City/Town \_\_\_\_\_ Country of birth \_\_\_\_\_

Residential address Street \_\_\_\_\_ Town/Village \_\_\_\_\_ Province \_\_\_\_\_

Telephone no., incl. area code \_\_\_\_\_ Cell phone no. \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail address \_\_\_\_\_

Citizenship \_\_\_\_\_ Permanent/Temporary permit no. \_\_\_\_\_

**C. DETAILS OF FATHER (PARENT B)**

Identity number \_\_\_\_\_ Date of birth -----

Surname \_\_\_\_\_

Previous / Maiden surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Place of birth: City/Town \_\_\_\_\_ Country of birth \_\_\_\_\_

Residential address Street \_\_\_\_\_ Town/Village \_\_\_\_\_ Province \_\_\_\_\_

Telephone no., incl. area code \_\_\_\_\_ Cell phone no. \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail address \_\_\_\_\_

Citizenship \_\_\_\_\_ Permanent/Temporary permit no. \_\_\_\_\_

**D. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK**

I hereby declare that I am the biological father of the child

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Identity number (passport no. if foreigner) \_\_\_\_\_

Date \_\_\_\_\_

Mother's consent to the acknowledgement of paternity

<i>Initials and surname</i>	<i>Signature</i>
-----------------------------	------------------

Identity number (passport no. if foreigner) \_\_\_\_\_

Date \_\_\_\_\_

E. DETAILS OF THE APPLICANT

Identity number (passport no. if foreigner) [grid] Date of birth [grid] Surname [grid] Previous/Maiden surname [grid] Forenames in full [grid] Place of birth: [grid] Country of birth [grid] Residential address: Street [grid] Town/Village [grid] Province [grid] Telephone no., incl. area code [grid] Cell phone no. [grid] Postal code [grid] Citizenship [grid] Permit no. [grid] E-mail address [grid] Relationship to the child: [checkbox] Mother (Parent A) [checkbox] Father (Parent B) [checkbox] Next of kin, please specify [grid] [checkbox] Legal guardian [checkbox] Social worker, provide case no. (Attach copy of Court order) [grid]

F. DECLARATION BY APPLICANT

Does one of the parents have a pending application for asylum in the Republic? [checkbox] Yes [checkbox] No
If Yes, status of application and attach copy asylum seeker permit (s22 ito Refugees Act) \_\_\_\_\_
I, \_\_\_\_\_, hereby declare that the information supplied in this Application is to the best of my knowledge and belief, true and correct. I understand that any false statement made in this Application and supporting documents is an offence and punishable in terms of section 31 of the Births and Deaths Registration Act of 1992.

Applicant

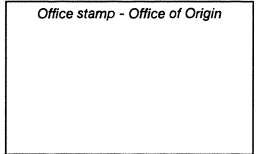
Initials and surname [grid] Signature [grid] Date [grid] Place [grid] Relationship to the child: [checkbox] Mother (Parent A) [checkbox] Father (Parent B) [checkbox] Next of kin [checkbox] Legal guardian [checkbox] Social worker

Child (15 years or older)

Initials and surname [grid] Signature [grid] Date [grid] Place [grid]

G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED AND VERIFIED BY:
Initials and surname \_\_\_\_\_ Signature \_\_\_\_\_ Date [grid]
Identity number [grid] Persal number [grid]
Stat Birth
I O S M



DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK [checkbox]

[checkbox] Proof of Birth Form (DHA-24/PB or DHA-24/PBA) [checkbox] Each page of Affidavit is initialed by informant and Commissioner of Oaths [checkbox] If foreign birth, additional documents:
[checkbox] Certified copy of Applicant's ID [checkbox] DHA-24/A for the person whose birth is sought to be registered [checkbox] Certified copy of the Foreign birth certificate of the child
[checkbox] Affidavit DHA-288 [checkbox] DHA-24/A for the Applicant [checkbox] Citizenship determination Form DHA-529 (SA Parent)
[checkbox] Affidavit (DHA-288/A) [checkbox] Copy of Foreign birth certificate [checkbox] Citizenship determination Form DHA-529 (Child)
[checkbox] Affidavit (DHA-288/B) [checkbox] Citizenship determination BI-529 [checkbox] Copy of refugee permit (s24 ito Refugees Act), if applicable
[checkbox] Affidavit (DHA-288/C) [checkbox] Original ID document of informant was presented [checkbox] Copy of Asylum Seeker permit (s22 ito Refugees Act), if applicable
[checkbox] Certified copy of court order (abandoned/orphaned children) [checkbox] Marriage certificate of the parents (copy)
[checkbox] Certified copy of death certificate (if applicable) [checkbox] Certified copy of Social Worker's Registration Certificate

Online verification performed and printouts attached for following persons:
[checkbox] Mother (Parent A) [checkbox] Father (Parent B) [checkbox] Applicant [checkbox] Next of Kin [checkbox] Person whose birth is sought to be registered

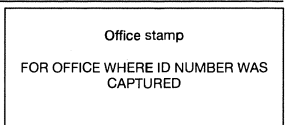
Please enter the barcode numbers of the fingerprint verification forms:
(DHA-24/A) of the person whose birth is sought to be registered: [grid]
(DHA-24/A) of the Applicant: [grid]

VERIFIED BY SUPERVISOR - OFFICE OF ORIGIN:

Initials and surname \_\_\_\_\_ Signature \_\_\_\_\_
Identity Number [grid] Date [grid]
Persal Number [grid]
Application is complete and all required documents are attached [checkbox]
Fingerprints are taken correctly [checkbox] Person whose birth is sought to be registered

FOR OFFICIAL USE ONLY RESERVED FOR THE SECTION THAT ALLOCATES THE ID NUMBER

Capturing date [grid]
Initials and surname \_\_\_\_\_ Signature \_\_\_\_\_
Identity Number [grid] Persal Number [grid]



**Annexure 1C**

LEFT MALL

LEFT RING

LEFT MIDDLE

LEFT INDEX

LEFT THUMB

Photo of the CHILD only

No photo required for Informant  
No photo is required where child is younger than 7 years

**PHOTO**

DHA-24/A

RIGHT SMALL

RIGHT RING

RIGHT MIDDLE

RIGHT INDEX

RIGHT THUMB

**FINGERPRINTS FOR THE NOTICE OF BIRTH**

DO NOT PHOTO COPY

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

**PERSONAL PARTICULARS**

CHILD/ ADULT	
INFORMANT	

<b>CHILD</b>	
Surname: _____	
Forenames: _____	
Date of Birth (YYYY/MM/DD)	_____
<b>INFORMANT</b>	
Surname: _____	
Forenames: _____	
Identity No./ Passport No.	_____
FINGERPRINTS TAKEN BY: PLEASE PRINT FULL NAME	
_____	
PERSAL NUMBER	_____
Verification results (HANIS):	
_____	


**RETURN THE FORM TO:**

Name of Regional Office (or head office: population register, if foreign birth)

**REGISTERING FINGERS**

NO. 1	-	NO 2
____		____

	Departmental office stamp – Office of origin			
	<table border="1"> <tr> <td style="width: 50%; text-align: center;">LEFT THUMB</td> <td style="width: 50%; text-align: center;">RIGHT THUMB</td> </tr> <tr> <td style="height: 100px;"></td> <td style="height: 100px;"></td> </tr> </table>		LEFT THUMB	RIGHT THUMB
LEFT THUMB	RIGHT THUMB			

	REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HEALTH Annexure 1D <b>PROOF OF BIRTH</b>	DHA-24/PB <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;">                     SERIAL NO                 </div>
The form must be completed in <b>BLACK INK</b> with <b>BLOCK LETTERS</b> .		
Hospital/ Medical Facility Name <input style="width: 100%;" type="text"/>		
Facility code <input style="width: 100%;" type="text"/>		
Nominal register number <input style="width: 100%;" type="text"/>		
If birth occurred at a place other than a Hospital or Medical Facility, specify place of birth <input style="width: 100%;" type="text"/>		
<b>A. PARTICULARS OF MEDICAL PRACTITIONER WHO ATTENDED THE BIRTH</b>		
Surname <input style="width: 100%;" type="text"/>		Health Facility Stamp
Forenames in full <input style="width: 100%;" type="text"/>		
HPCSA / SANC Reg No. <input style="width: 100%;" type="text"/>		
Telephone no., incl. area code <input style="width: 100%;" type="text"/>		
Cell phone no. <input style="width: 100%;" type="text"/>		
Signature _____ Date <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>		
<b>B. PARTICULARS OF MEDICAL PRACTITIONER WHO ATTENDED THE MOTHER / CHILD SHORTLY AFTER BIRTH (within 48 hours)</b>		
Surname <input style="width: 100%;" type="text"/>		Health Facility Stamp
Forenames in full <input style="width: 100%;" type="text"/>		
HPCSA / SANC Reg No. <input style="width: 100%;" type="text"/>		
Telephone no., incl. area code <input style="width: 100%;" type="text"/>		
Cell phone no. <input style="width: 100%;" type="text"/>		
Signature _____ Date <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>		
<b>C. PARTICULARS OF MOTHER / PARENT A</b>		
Identity number/ Passpc <input style="width: 100%;" type="text"/>		
Date of Birth <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <i>(write month in full)</i>		
Surname <input style="width: 100%;" type="text"/>		
Previous/Maiden surname <input style="width: 100%;" type="text"/>		
Forenames in full <input style="width: 100%;" type="text"/>		
Physical address: Street <input style="width: 100%;" type="text"/>		
Town/Village <input style="width: 100%;" type="text"/>		
Province <input style="width: 100%;" type="text"/>		Postal code <input style="width: 100%;" type="text"/>
Telephone no., incl. area code <input style="width: 100%;" type="text"/>		
E-mail address <input style="width: 100%;" type="text"/>		
<b>D. PARTICULARS OF FATHER / PARENT B</b>		
Identity number / Passport No. <input style="width: 100%;" type="text"/>		
Date of Birth <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <i>(write month in full)</i>		
Surname <input style="width: 100%;" type="text"/>		
Forenames in full <input style="width: 100%;" type="text"/>		
Residential address: Street <input style="width: 100%;" type="text"/>		
Town/Village <input style="width: 100%;" type="text"/>		
Province <input style="width: 100%;" type="text"/>		Postal code <input style="width: 100%;" type="text"/>
Telephone no., incl. area code <input style="width: 100%;" type="text"/>		Cell phone no. <input style="width: 100%;" type="text"/>
E-mail address <input style="width: 100%;" type="text"/>		
<b>E. PARTICULARS OF CHILD</b>		
Date of Birth <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/> <i>(write month in full)</i> Sex: <input style="width: 100%;" type="text"/>		
Surname <input style="width: 100%;" type="text"/>		
Forenames in full <input style="width: 100%;" type="text"/>		
Place of birth <input style="width: 100%;" type="text"/>		



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA—24/PBA

Annexure 1E

SERIAL NO

**AFFIDAVIT RELATING TO PROOF OF BIRTH**  
(For South African citizens)

The form must be completed in black ink with **BLOCK LETTERS**.

Place of birth other than a health institution (Hospital or medical facility) \_\_\_\_\_

**A. PARTICULARS OF A PERSON WHO WITNESSED THE BIRTH (must be a South African citizen)**

Identity No \_\_\_\_\_

Date of Birth   (write month in full)

Surname \_\_\_\_\_

Previous/Maiden surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Physical address: Street \_\_\_\_\_  
Town/Village \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone no., incl. area code \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Relationship to parents \_\_\_\_\_

Signature \_\_\_\_\_ Date

**B. PARTICULARS OF A MOTHER**

Identity No / Passport N

Date of Birth   (write month in full)

Surname \_\_\_\_\_

Previous/Maiden surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Physical address: Street \_\_\_\_\_  
Town/Village \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone no., incl. area code \_\_\_\_\_ Cell No. \_\_\_\_\_

E-mail address \_\_\_\_\_

**C. PARTICULARS OF A FATHER**

Identity No / Passport No. \_\_\_\_\_

Date of Birth   (write month in full)

Surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Residential address: Street \_\_\_\_\_  
Town/Village \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone no., incl. area code \_\_\_\_\_ Cell phone no. \_\_\_\_\_

E-mail address \_\_\_\_\_

**D. PARTICULARS OF A CHILD**

Date of Birth   (write month in full) Sex:

Surname \_\_\_\_\_

Forenames in full \_\_\_\_\_

Place of birth \_\_\_\_\_

**F. DECLARATION BY PERSON WHO WITNESSED THE BIRTH**

\_\_\_\_\_, whose particulars appear in Part A above, hereby declare that the information supplied in this Application is to the best of my knowledge and belief, true and correct. I understand that any false statement made in this Application and supporting documents is an offence and punishable in terms of section 31 of the Births and Deaths Registration Act of 1992.

**WITNESS**

Date

Place

**D. DECLARATION / OATH / AFFIRMATION**

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 Application for Birth Certificate 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 (YYYYMMDD)

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

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.

\_\_\_\_\_  
Signature of the Commissioner of Oaths

Full first names and surname \_\_\_\_\_

Designation (rank) \_\_\_\_\_

Business Address \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Office stamp - OFFICE OF ORIGIN

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



**D. DECLARATION / OATH / AFFIRMATION**

**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 Application for Birth Certificate 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 (YYYYMMDD) 

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

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.

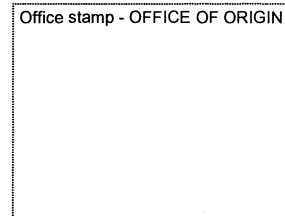
\_\_\_\_\_  
Signature of the Commissioner of Oaths

\_\_\_\_\_  
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.**

DHA-268/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 

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

**A. DETAILS OF THE PARENT**

Identity number 



 Citizenship

Date of birth (YYYYMMDD) 



 Passport no./Permanent residence permit no.

Surname

Previous/Maiden surname

Forenames in full

Place of birth 



 Country of birth

Current contact address Street

Town/Village 



 Province

Telephone no., incl. area code 



 Cell phone no.

E-mail address

Postal address

Province 



 Postal code

Relationship to the child:  Mother/Parent A  Father/Parent B

**B. DETAILS OF THE CHILD**

Surname as at birth

Forenames in full

Date of birth (YYYYMMDD) 



 Sex

Place of birth

Contact number

**C. COMPULSARY FOR THE NOTICE GIVEN AFTER 30 DAYS**

I, \_\_\_\_\_ the parent of \_\_\_\_\_, declare that I register the birth of the above mentioned child after 30 days because of the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

I, \_\_\_\_\_, hereby declare under oath/affirm 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 (YYYYMMDD) 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

I certify that before administering the oath I asked the deponent the following 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 or 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.

Signature of the Commissioner of Oaths \_\_\_\_\_

Surname

Forenames

<p>Designation (rank) <input style="width: 100%; height: 15px;" type="text"/></p> <p>Persal number <input style="width: 100%; height: 15px;" type="text"/></p> <p>Business Address <input style="width: 100%; height: 15px;" type="text"/>  <input style="width: 100%; height: 15px;" type="text"/>  <input style="width: 100%; height: 15px;" type="text"/>  <input style="width: 100%; height: 15px;" type="text"/>  <input style="width: 100%; height: 15px;" type="text"/></p> <p>Area code <input style="width: 100%; height: 15px;" type="text"/></p> <p>Place <input style="width: 100%; height: 15px;" type="text"/></p> <p>Date <input style="width: 100%; height: 15px;" type="text"/></p>	<p>DHA-288/A</p> <div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;"> <p>Departmental Stamp</p> </div>
<p><b>E. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN</b></p> <p><b>Notice of birth and affidavit received by:</b></p>	
<p>Surname <input style="width: 100%; height: 15px;" type="text"/></p> <p>Forenames <input style="width: 100%; height: 15px;" type="text"/></p> <p>Persal number <input style="width: 100%; height: 15px;" type="text"/></p> <p>Signature _____</p> <p>Date <input style="width: 100%; height: 15px;" type="text"/></p>	<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;"> <p>Departmental Stamp</p> </div>
<p>The deponent and the Commissioner of Oaths to initial each page of the Affidavit.</p>	



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 PARENT** (if deceased, indicate details of the person making the affidavit)

Identity number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth (YYYYMMDD)	<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	<input type="text"/>		
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"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
Province	<input type="text"/>	Postal code	<input type="text"/>
Pace of birth	<input type="text"/>	Country of birth	<input type="text"/>
Relationship to the child:	<input type="checkbox"/> Mother / Parent A <input type="checkbox"/> Father / Parent B <input type="checkbox"/> Next of kin <input type="checkbox"/> Legal guardian		

**B. DETAILS OF THE CHILD / PERSON SEEKING TO BE REGISTERED**

Surname as at birth	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth (YYYYMMDD)	<input type="text"/>	Sex	<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	<input type="text"/>		
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"/>
E-mail address (if available)	<input type="text"/>		
Language (mother tongue)	<input type="text"/>	Second language	<input type="text"/>

**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"/>	Doctor's office <input type="checkbox"/>	At home <input type="checkbox"/>	Clinic <input type="checkbox"/>	Other <input type="checkbox"/>
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"/>			
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>	Postal code	<input type="text"/>	
E-mail address	<input type="text"/>					
Contact person's name	<input type="text"/>					

DHA-288	
<b>C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD / PERSON TO BE REGISTERED</b>	
Institution name	<input type="text"/>
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 code <input type="text"/>
E-mail address	<input type="text"/>
Contact person name	<input type="text"/>
Date of the ceremony (YYYYMMDD)	<input type="text"/> Type of the ceremony <input type="text"/>
<b>C3. PRE-SCHOOL OR CRECHE ATTENDED</b>	
Institution name	<input type="text"/>
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 code <input type="text"/>
Contact person name	<input type="text"/>
Period of attendance (YYYYMMDD)	From <input type="text"/> To <input type="text"/>
<b>C4. PRIMARY SCHOOL ATTENDED</b>	
Was more than one school attended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details of the school with most verifiable information	
Name of school	<input type="text"/>
Contact address	Street <input type="text"/>
	Town/Village <input type="text"/> Province <input type="text"/>
Telephone number	<input type="text"/> Cell phone no. <input type="text"/> Postal code <input type="text"/>
Contact person name	<input type="text"/>
Period of attendance (YYYYMMDD)	From <input type="text"/> To <input type="text"/>
Grade at admission	<input type="text"/> Highest grade passed <input type="text"/>
<b>C5. SECONDARY SCHOOL ATTENDED</b>	
Was more than one school attended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details of the school with most verifiable information	
Name of school	<input type="text"/>
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 code <input type="text"/>
Contact person name	<input type="text"/>
Period of attendance (YYYYMMDD)	From <input type="text"/> To <input type="text"/>
Grade at admission	<input type="text"/> Highest grade passed <input type="text"/>
<b>C6. TERTIARY INSTITUTION ATTENDED</b>	
Was more than one Institution attended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details of the institution with most verifiable information	
Name of Institution	<input type="text"/>
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 code <input type="text"/>
E-mail address	<input type="text"/>
Contact person name	<input type="text"/>
Period of attendance (YYYYMMDD)	From <input type="text"/> To <input type="text"/>
Course	<input type="text"/> Qualification obtained <input type="text"/>
<b>C7. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER</b>	
Employer	<input type="text"/>
Physical address	Street <input type="text"/>
	Town/Village <input type="text"/> Province <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 (YYYYMMDD)	From <input type="text"/> To <input type="text"/>
Nature of work performed	<input type="text"/>

**C8. REFERENCE PERSON TO THE CHILD - COMPULSORY**

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 person	<input type="checkbox"/> Social worker	<input type="checkbox"/> Other, please specify <input type="text"/>

Identity number  Citizenship

Date of birth (YYYYMMDD)  Passport no./Permanent residence permit no.

Surname

Previous/Maiden surname

Forenames in full

Physical address

Street

Town/Village  Province

Postal address

Province  Postal code

Telephone no., incl. area code  Cell phone no.

Registered place of birth  Country of birth

Since what date have you been associated with a person whose birth is required to be registered? Date (YYYYMMDD)

**D. DECLARATION / OATH / AFFIRMATION**

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

I, \_\_\_\_\_, hereby declare under oath/affirm 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 (YYYYMMDD)

I certify that before administering the oath I asked the deponent the following 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 or 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.

Signature of the Commissioner of Oaths \_\_\_\_\_

Full first names and surname \_\_\_\_\_

Designation (rank) \_\_\_\_\_

Business Address \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Office stamp - OFFICE OF ORIGIN

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

**E. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN**

NOTICE OF BIRTH RECEIVED BY:

Stat		Birth			
I	O	S	M		

Date (YYYYMMDD)

Initials and surname \_\_\_\_\_

Signature \_\_\_\_\_

Persal number

Office stamp - OFFICE OF ORIGIN



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.**

Date of application 

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

 Registration within 30 Days  Registration after 30 Days upto 1 year  Registration after 1 year

**A. DETAILS OF THE NEXT OF KIN / LEGAL GUARDIAN**

Identity number 



 Citizenship e.g: RSA

Date of birth (YYYYMMDD) 



 Passport no./Permanent residence permit no.

Surname

Previous/Maiden surname

Forenames in full

Place of birth 



 Country of birth

Relationship to child  Next of kin  Legal guardian (Attach proof of guardianship)

Current contact address Street

Town/Village 



 Province

Telephone no., incl. area code 



 Cell phone no.

E-mail address

Postal address

Province 



 Postal code

Are you listed on the sexual offences register?  Yes  No If yes, please provide details \_\_\_\_\_

**B. DETAILS OF THE CHILD / PERSON**

Surname as at birth

Forenames in full

Date of birth (YYYYMMDD) 



 Sex

Place of birth

Contact number 



 Cell phone no.

**C. DETAILS OF THE CHILD'S GRANDPARENT**

Identity number 



 Citizenship e.g: RSA

Date of birth (YYYYMMDD) 



 Passport no./Permanent Residence Permit No.

Surname

Forenames in full

Date of birth 

Y	Y	Y	Y
M	M	D	D

 Sex

Place of birth 



 Country of birth

Current contact address Street

Town/Village 



 Province

Telephone no., incl. area code 



 Cell phone no.

E-mail address

Postal address

Province 



 Postal code

Specify type of grandparent  Grandmother  Grandfather

**D. COMPULSORY - REASONS FOR MAKING AN APPLICATION FOR A BIRTH CERTIFICATE**

I, \_\_\_\_\_ the next of kin / legal guardian of \_\_\_\_\_, declare that I register the birth of the above mentioned child instead of parents because of the following reason(s): \_\_\_\_\_

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





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]  
[Section 10]

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 application where one parent is a South African citizen and the other parent is a non-South African citizen who does not hold permanent residence or refugee status in the Republic.**

**A. DETAILS OF BIOLOGICAL FATHER**

Identity number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth	<input type="text"/> Y Y Y Y M M D D	Permit no.	<input type="text"/>
Passport no.	<input type="text"/>		
Surname	<input type="text"/>		
Previous surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Residential address	<input type="text"/>		
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"/>
E-mail address	<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"/>

**B. DETAILS OF THE CHILD**

Surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth	<input type="text"/> Y Y Y Y M M D D	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"/>
Residential address	<input type="text"/>		
Street	<input type="text"/>		
Town/Village	<input type="text"/>	Province	<input type="text"/>
Language (mother tongue)	<input type="text"/>		

**C. DETAILS OF MOTHER**

Identity number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth	<input type="text"/> Y Y Y Y M M D D	Permit no.	<input type="text"/>
Passport no.	<input type="text"/>		
Surname	<input type="text"/>		
Previous / Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Residential address	<input type="text"/>		
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"/>
E-mail address	<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"/>

**D. DECLARATION**

NOTE: Commissioner of Oaths must be an authorised DHA official at the office where affidavit is submitted

I, \_\_\_\_\_, hereby declare under oath/affirm 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 (YYYYMMDD)

I certify that before administering the oath/affirmation I asked the deponent the following 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 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.

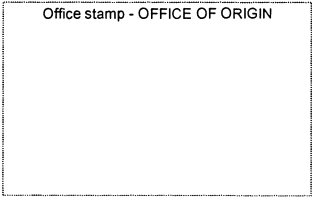
\_\_\_\_\_  
Signature of the Commissioner of Oaths

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.



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]

IT IS HEREBY ACKNOWLEDGED THAT A NOTICE OF BIRTH IN RESPECT OF THE CHILD WHOSE PARTICULARS APPEAR IN SECTION A BELOW HAS BEEN MADE BY THE PERSON WHOSE PARTICULARS APPEAR IN SECTION B AND RECEIVED BY THE DEPARTMENT.

**A. DETAILS OF THE CHILD**

Surname

Forenames in full

Date of birth  Sex

Town/City of birth  Province

Country of birth

**B. DETAILS OF PARENTS**

Identity No. Mother / Parent A  Citizenship

Surname

Forenames in full

Identity No. Father / Parent B  Citizenship

Surname

Forenames in full

THIS DOCUMENT IS NOT A BIRTH CERTIFICATE. IF THE CHILD IS FOUND TO BE A SOUTH AFRICAN CITIZEN AND HIS OR HER NAME IS INCLUDED IN THE NATIONAL POPULATION REGISTER, A BIRTH CERTIFICATE WILL IN DUE COURSE BE ISSUED TO THE APPLICANT.

\_\_\_\_\_  
DIRECTOR-GENERAL  
Surname and Initials \_\_\_\_\_

Office stamp - OFFICE OF ORIGIN



**home affairs**

Department  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

BS/DHA

PARTICULARS FROM THE POPULATION REGISTER (P.R.O.):  
**UNABRIDGED  
BIRTH CERTIFICATE**

CHILD  
SURNAME:  
FORENAMES:

IDENTITY NUMBER:

GENDER:  
PLACE OF BIRTH:  
COUNTRY OF BIRTH:

DATE OF BIRTH:

MOTHER:

IDENTITY NUMBER:

MAIDEN/SURNAME:  
FORENAMES:

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

FATHER:

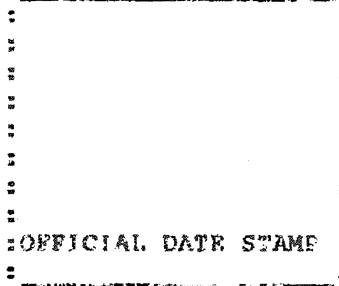
IDENTITY NUMBER:

SURNAME:  
FORENAMES:

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

ENDORSEMENTS:  
REGISTERED AT PRETORIA

.....  
DIRECTOR-GENERAL: HOME AFFAIRS



DATE PRINTED:

ISSUED BY:

G.P.-S. 017-0666

DHA-529



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

A. PERSONAL PARTICULARS

- 1. SURNAME ..... 2. MAIDEN NAME .....
- 3. FORENAMES (in full) .....
- 4. DATE OF BIRTH ..... 5. PLACE OF BIRTH .....
- 6. IDENTITY NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 7. If born outside South Africa, please state—
  - (a) Date on which you first entered South Africa for permanent residence .....
  - (b) The period(s) (dates) of your residence in South Africa .....
  - (c) Number of immigration permit and date of issue .....
  - (d) Number of certificate of naturalisation and date of issue .....
- 8. If born in Namibia, please state your permanent residential address as on 1990-03-21 .....
- 9. If you were absent from South Africa state—
  - (a) Date(s) of your departure .....
  - (b) Reason(s) for your departure .....
  - (c) The date on which you returned to South Africa permanently .....
- 10. Particulars in respect of foreign citizenship:
  - (a) Citizenship acquired (country) ..... (b) Date and place of acquisition .....
  - (c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration? (Please attach copy/proof thereof) .....
  - (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 of marriage of your parents ..... 12. Place of marriage of your parents .....

B. MARITAL STATUS

- 1. Please furnish the following particulars in respect of your spouse:
  - (a) SURNAME ..... (b) MAIDEN NAME .....
  - (c) FORENAMES (in full) .....
  - (d) DATE OF BIRTH ..... (e) PLACE OF BIRTH .....
  - (f) IDENTITY NUMBER OF YOUR SPOUSE 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
  - (g) Date on which he/she entered South Africa for the first time for permanent residence .....
  - (h) Period(s) (dates) of residence in South Africa .....
  - (i) Date of your marriage ..... (j) Place .....
  - (k) If applicable, the date of your husband's/wife's death or your divorce .....
  - (l) Nationality of your spouse .....

**C. FATHER'S PARTICULARS**

DHA -529

1. SURNAME.....
2. FORENAMES (in full).....
3. DATE OF BIRTH..... 4. PLACE OF BIRTH.....
5. IDENTITY NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
6. (a) If he was born outside South Africa, the date on which he entered South Africa for the first time for permanent residence:  
.....
- (b) Period(s) (dates) of his residence in South Africa.....
- (c) Number of immigration permit and date of issue.....
- (d) Number of certificate of naturalisation and date of issue.....
7. If he was absent from South Africa state—
- (a) Date(s) of his departure.....
- (b) Reason(s) for his departure.....
- (c) Date on which he returned to South Africa permanently.....
8. Particulars in respect of foreign citizenship:
- (a) Citizenship acquired (country)..... (b) **Date and place of acquisition**.....
- (c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration?.....

**D. MOTHER'S PARTICULARS**

1. SURNAME..... 2. MAIDEN NAME.....
3. FORENAMES (in full).....
4. DATE OF BIRTH..... 5. PLACE OF BIRTH.....
6. IDENTITY NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7. (a) If she was born outside South Africa, the date on which she entered South Africa for the first time for permanent residence:  
.....
- (b) Period(s) (dates) of her residence in South Africa.....
- (c) Number of immigration permit and date of issue.....
- (d) Number of certificate of naturalisation and date of issue.....
8. If she was absent from South Africa state—
- (a) Date(s) of her departure.....
- (b) Reason(s) for her departure.....
- (c) Date on which she returned to South Africa permanently.....
9. Particulars in respect of foreign citizenship:
- (a) Citizenship acquired (country)..... (b) **Date and place of acquisition**.....
- (c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration?.....

**E. CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS CORRECT**

DATE..... SIGNATURE.....  
 ADDRESS.....  
 .....  
 POSTAL CODE.....  
 TELEPHONE NUMBER.....





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA-1682

Annexure 6  
**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 BIOLOGICAL FATHER of the child born out of wedlock in BLACK INK with BLOCK LETTERS. To be submitted together with DHA-24. Please tick [v] the CORRECT box, where required. Applications that are not legible shall not be accepted. Paternity tests to accompany this application where one parent is a South African citizen and the other parent is a non-South African citizen who does not hold permanent residence or refugee status in the Republic.

**A. CHILD**

Identity number

Surname

Forenames (in full)

Place of birth

**B. NATURAL FATHER**

Identity number

Surname

Forenames (in full)

Place of birth

Country of birth

Citizenship  Permanent residence permit no.

Residential address Street

Town / Village  Code

Province

Telephone no., incl. area code  Cell phone no.

E-mail address

Postal address

Province  Postal code

Left thumbprint of father

**C. NATURAL MOTHER**

Identity number

Surname

Maiden/previous surname

Forenames (in full)

Place of birth

Country of birth

Residential address Street

Town / Village  Code

Province

Telephone no., incl. area code  Cell phone no.

E-mail address

Postal address

Province  Postal code

Left thumbprint of mother

**D. DECLARATION BY NATURAL FATHER**

I, the undersigned, hereby declare that:

- I am the person whose particulars appear under B above and that the particulars furnished are true and correct;
- I am the natural father of the child referred to in A above; and
- I wish to be recorded as the natural father of the said child in his/her birth register.
- I understand that a false statement is punishable under section 31 of the births and deaths Registration Act 51 of 1992.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_.

Signature \_\_\_\_\_

E. DECLARATION BY NATURAL MOTHER

I, the undersigned, hereby declare that:

- I am the person whose particulars appear under C overleaf and that the particulars furnished are true and correct;
- I am the natural mother of the child referred to in A overleaf; and
- I have no objection to the natural father referred to in B overleaf being recorded as the natural father in my child's birth register.
- I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

F. DECLARATION BY HOME AFFAIRS OFFICER (in capacity as Commissioner of Oaths ex officio)

• I certify that before administering the oath/affirmation, I asked the deponents the following questions and wrote their answers in their presence:

a) Do you know and understand the contents of this declaration?

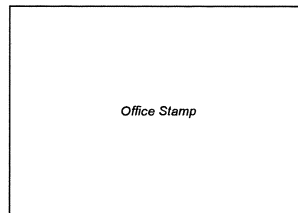
Father: \_\_\_\_\_ Mother: \_\_\_\_\_

b) Do you have any objection to taking the prescribed oath?

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

c) Do you consider the prescribed oath to be binding on your conscience?

Father: \_\_\_\_\_ Mother: \_\_\_\_\_



Office Stamp

Office stamp

• 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 or thumbprints were placed thereon in my presence and the presence of both deponents.

_____	Surname																					
Commissioner of Oaths	Forenames																					
_____	Office address																					
Designation (Rank)	Persal No																					

G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED BY:

Surname: \_\_\_\_\_

Forenames in full: \_\_\_\_\_

Persal no.: \_\_\_\_\_


Signature: \_\_\_\_\_ Date: 

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

DOCUMENTS SUBMITTED WITH THIS APPLICATION:

PLEASE TICK

- Original Paternity test results, where applicable
- Proof of payment
- Copy of child's birth certificate
- Copies of both parents' identity document(s) / passport(s) / permanent residence permit(s)
- DHA-193 (if applicable)
- If mother refused consent: Court order authorising inclusion of father's particulars in the child's birth register.
- Other, specify \_\_\_\_\_

 <p style="text-align: center;">REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS Annexure 7</p> <p style="text-align: center;"><b>APPLICATION FOR AMENDMENT OF MARITAL STATUS OF PARENTS OF A CHILD BORN OUT OF WEDLOCK</b></p> <p style="text-align: center;">[Section 11(1) of the Births and Deaths Registration Act 51 of 1992] [Only for use by the natural parents and if legally married to each other]</p>	<p>DHA-59</p>																
Bar Code																	
<p>The form to be completed in <b>BLACK INK</b> with <b>BLOCK LETTERS</b>. Applications that are not legible shall not be accepted.</p>																	
<p><b>A. I, MOTHER / PARENT A</b></p> <p>Identity number: <input style="width: 150px;" type="text"/></p> <p>Passport No.: <input style="width: 150px;" type="text"/></p> <p>Surname: <input style="width: 250px;" type="text"/></p> <p>Previous/Maiden surname: <input style="width: 250px;" type="text"/></p> <p>Forenames (in full): <input style="width: 250px;" type="text"/></p> <p>Residential address Street: <input style="width: 250px;" type="text"/></p> <p>Town/Village: <input style="width: 150px;" type="text"/> Code: <input style="width: 50px;" type="text"/></p> <p>Telephone no.: <input style="width: 150px;" type="text"/> Province: <input style="width: 50px;" type="text"/></p> <p>E-mail address: <input style="width: 250px;" type="text"/></p> <div style="float: right; border: 1px solid black; width: 100px; height: 100px; text-align: center; vertical-align: middle;">Left thumbprint of father</div>																	
<p><b>B. AND I, FATHER / PARENT B</b></p> <p>Identity number: <input style="width: 150px;" type="text"/></p> <p>Passport No.: <input style="width: 150px;" type="text"/></p> <p>Surname: <input style="width: 250px;" type="text"/></p> <p>Forenames (in full): <input style="width: 250px;" type="text"/></p> <p>Residential address Street: <input style="width: 250px;" type="text"/></p> <p>Town/Village: <input style="width: 150px;" type="text"/> Code: <input style="width: 50px;" type="text"/></p> <p>Telephone no.: <input style="width: 150px;" type="text"/> Province: <input style="width: 50px;" type="text"/></p> <p>E-mail address: <input style="width: 250px;" type="text"/></p> <div style="float: right; border: 1px solid black; width: 100px; height: 100px; text-align: center; vertical-align: middle;">Left thumbprint of mother</div>																	
<p><b>C. WE ARE THE NATURAL PARENTS OF THE FOLLOWING CHILD (BORN OUT OF WEDLOCK)</b></p> <p>Identity number: <input style="width: 150px;" type="text"/> Date of birth: <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/></p> <p>Registered Surname: <input style="width: 250px;" type="text"/></p> <p>Forenames (in full): <input style="width: 250px;" type="text"/></p> <p>Place of birth: <input style="width: 250px;" type="text"/></p> <p>We have been married to each other since <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/><input style="width: 50px;" type="text"/> and as evidence thereof, our marriage certificate is enclosed. We therefore apply for the amendment of the birth register of the above mentioned child in terms of section 11(1) of Act 51 of 1992.</p>																	
<p><b>D. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT'S PARTICULARS</b></p> <p>Please indicate any previous corrections or alterations to the applicant's particulars (i.e. surname, forename, date of birth, gender) or any changes to such particulars of the applicant's parents</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Previous particulars</th> <th style="width: 30%;">Particulars after correction or alteration</th> <th style="width: 20%;">Date corrected or altered</th> <th style="width: 20%;">Reason for correction or alteration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Previous particulars	Particulars after correction or alteration	Date corrected or altered	Reason for correction or alteration												
Previous particulars	Particulars after correction or alteration	Date corrected or altered	Reason for correction or alteration														
<p><b>E. DECLARATION</b></p> <p>We declare under oath/solemnly that the particulars given above are to the best of our knowledge and belief true and correct. We understand that a false statement is punishable under section 31(1) of the Births and Deaths Registration Act 51 of 1992.</p> <p style="text-align: center;">_____ <i>Signature of father</i></p> <p style="text-align: center;">_____ <i>Signature of mother</i></p> <p><b>COMMISSIONER OF OATHS</b></p> <p>1. I certify that before administering the oath/affirmation I asked the deponents the following questions and wrote their answers in their presence:</p> <p>a) Do you know and understand the contents of this declaration? Father: _____ Mother: _____</p> <p>b) Do you have any objection to taking the prescribed oath? Father: _____ Mother: _____</p> <p>c) Do you consider the prescribed oath to be binding on your conscience? Father: _____ Mother: _____</p> <p>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 and thumbprints were placed thereon in my presence.</p> <p style="text-align: center;">_____ <i>Signature of Informant</i></p> <p style="text-align: center;">_____ <i>Commissioner of Oaths</i></p> <p style="text-align: center;">_____ <i>Designation (Rank)</i></p> <div style="float: right; border: 1px solid black; width: 100px; height: 100px; text-align: center; vertical-align: middle;">Office stamp</div>																	

<p><b>G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</b></p> <p><b>APPLICATION RECEIVED BY:</b></p> <p>Surname <input type="text"/></p> <p>Forenames in full <input type="text"/></p> <p>Persal No. <input type="text"/></p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature _____</p>	<p><b>DOCUMENTS SUBMITTED WITH THIS APPLICATION:</b></p> <p><b>PLEASE TICK <input checked="" type="checkbox"/></b></p> <p><input type="checkbox"/> New DHA-24 form</p> <p><input type="checkbox"/> Marriage/customary/civil union certificate or affidavits from family members if applicable</p> <p><input type="checkbox"/> Copy of child's birth certificate</p> <p><input type="checkbox"/> Death certificate (if applicable)</p> <p><input type="checkbox"/> Other, specify _____</p> <p><input type="checkbox"/> Attached print out of online verification</p>
<p><b>H. HEAD OFFICE USE ONLY</b></p> <p><b>APPLICANT APPROVED BY:</b></p> <p>Surname <input type="text"/></p> <p>Forenames in full <input type="text"/></p> <p>Persal No. <input type="text"/></p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>Status: Approved <input type="checkbox"/> Rejected <input type="checkbox"/></p> <p>_____ Signature</p>	





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA-193

Barcode

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Annexure 9

**APPLICATION FOR ALTERATION OF SURNAME OF MINOR**

[Section 25 of the Births and Deaths Registration Act 51 of 1992]

This form MUST be completed in BLACK INK with BLOCK LETTERS. Applications that are not legible shall not be accepted.

**A. I, \*FATHER / MOTHER / LEGAL GUARDIAN (\* circle which is applicable)**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>											
Forenames (in full)	<input type="text"/>											
Place of birth	<input type="text"/>											
Residential address	Street	<input type="text"/>										
	Town / Village	<input type="text"/>									Code	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>			Cellphone number	<input type="text"/>			Province	<input type="text"/>			
E-mail address	<input type="text"/>											
Postal address	<input type="text"/>											
	Province	<input type="text"/>								Postal code	<input type="text"/>	

**OF THE CHILD**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>										
Forenames (in full)	<input type="text"/>										
Place of birth	<input type="text"/>										

do hereby apply that his / her surname be altered to:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**B. THE REASON FOR MY APPLICATION IS AS FOLLOWS: Please indicate with a  the reason which is applicable**

- My child was born out of wedlock and I am now married to someone else other than the natural father of my child
- The marriage with the natural father of my child has been dissolved through divorce / death and I remarried
- As a widow / divorcee I resumed my maiden surname / previous married surname
- The birth of my child out of wedlock has been registered under the surname of his/her natural mother / father and I wish for him/her to assume my surname
- I am the guardian of the minor (for the purpose of this section "guardian includes any person who has in law or in fact custody or control of the child)

Signature of father / mother / guardian

Date signed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**C. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT'S PARTICULARS**

Please indicate any previous corrections or alterations to the applicant's particulars (such as surname, forename, place of birth, date of birth, sex) or any

Previous particulars	Particulars after correction or alteration	Date corrected or altered	Reason for correction or alteration

**D. CONSENT OF BIOLOGICAL FATHER (complete if applicable)**

I, BIOLOGICAL FATHER

Identity number      Date of birth          
 Surname                          
 Forenames (in full)                           
 Place of birth                           
 Residential address Street                            
 Town / Village                            
 Code      
 Telephone no., incl. area code                            
 Cellphone number                            
 Province     
 E-mail address                            
 Postal address                            
 Province                            
 Postal code

OF THE CHILD

Identity number      Date of birth          
 Surname                            
 Forenames (in full)                            
 Place of birth                            
 do hereby consent that his / her surname be altered to:

Signature of biological father

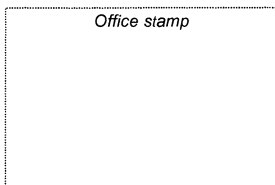
Date signed

**E. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN**

APPLICATION RECEIVED BY:

Surname                            
 Forenames in full                            
 Persal No.                            
 Date

Signature \_\_\_\_\_ Rank \_\_\_\_\_



- Documentary proof of custody (if applicable)
- Court order (if applicable)
- Other, specify \_\_\_\_\_

**DOCUMENTS SUBMITTED WITH THIS APPLICATION**

- PLEASE TICK
- Copy of child's birth certificate
  - Proof of payment
  - Copy of mother's identity document
  - Copy of step father's written consent (affidavit) (if applicable)
  - Copy of step father's identity document (if applicable)
  - Copy of marriage certificate (if applicable)
  - Copy of death certificate of biological father (if applicable)
  - Copy of divorce order (if applicable)
  - Copy of biological father's identity document (where father's consent is required)

**F. HEAD OFFICE USE ONLY**

APPLICATION APPROVED BY:

Status: Approved  Rejected

Reason: \_\_\_\_\_

Surname                            
 Forenames in full                            
 Persal No.                            
 Date                            
 Signature \_\_\_\_\_ Rank \_\_\_\_\_



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
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)..... on

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 contents of this declaration?

Answer: Father  Yes  No  Mother  Yes  No

(b) Do you have any objection to taking the prescribed oath?

Answer: Father  Yes  No  Mother  Yes  No

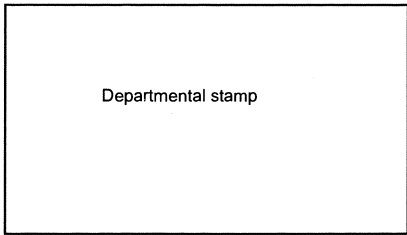
(c) Do you consider the prescribed oath to be binding on your conscience?

Answer: Father  Yes  No  Mother  Yes  No

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.**

.....  
Commissioner of Oaths



Designation  
Official's full names and surname.....

Official's persal number .....

Business address:.....

.....  
Date Area





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA-196

Barcode

Annexure 11

**APPLICATION FOR AUTHORITY TO ASSUME ANOTHER SURNAME**

[Section 26 of the Births and Deaths Registration Act 51 of 1992]

This form **MUST** be completed in **BLACK INK** with **BLOCK LETTERS**. Applications that are not legible shall not be accepted. On approval of application, the applicant will be liable to pay the prescribed fee for printing of each new certificate.

A. I, \_\_\_\_\_, hereby apply to assume the following surname

Reasons for my application: Please tick [✓] the CORRECT box  Change in marital status  Assumption of biological father's surname

Protection of Witness i.t.o Witness Protection Act, 1998 (Act No. 112 of 1998) [Attach relevant request letter]

**B. PARTICULARS OF APPLICANT**

Identity number      Date of birth

Present surname

Forenames (in full)

Place of birth

Residential address Street   
Town / Village  Code

Telephone no., incl. area code   Cell phone no.

E-mail address

Postal address

Province  Postal code

Left thumbprint of applicant

C. I also wish to include in my application my spouse and minor children, whose particulars of birth are as follows (complete only if applicable):

**PARTICULARS OF SPOUSE**

Identity number      Date of birth

Maiden surname

Forenames (in full)

Residential address Street   
Town / Village  Code

Telephone no., incl. area code   Cell phone no.

E-mail address

Postal address

Province  Postal code

Left thumbprint of spouse

**D. PARTICULARS OF CHILDREN (only minor biological or adopted children may be included)**

Forenames in full and surname	Date of birth	Place of birth	Identity number (if not available, birth entry number)

\_\_\_\_\_  
Signature of applicant

Date signed

\_\_\_\_\_  
Signature of spouse (if applicable)

Date signed

**E. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT'S PARTICULARS**  
 Please indicate any previous corrections or alterations to the applicant's particulars (such as surname, forename, place of birth, date of birth, gender) or any

Previous particulars	Particulars after correction or alteration	Date corrected or altered	Reason for correction or alteration

**F. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN**

**APPLICATION RECEIVED BY:**

Surname

Forenames in full

Persal No.

Rank

Date  Y Y Y Y  M M  D D

Signature \_\_\_\_\_

Office stamp - Office of origin

**DOCUMENTS SUBMITTED WITH THIS APPLICATION**

PLEASE TICK

Proof of payment

Copy of applicant's identity

Copy of applicant's permanent residence permit (if applicable)

Copy of wife's identity document (if applicable)

Copy of child / children's birth certificate(s) (if applicable)

Marriage certificate (if applicable)

Other,specify \_\_\_\_\_

**G. FOR OFFICIAL USE ONLY - HEAD OFFICE**

**RECOMMENDATION:** Recommended  Not recommended

Surname

Forenames in full

Persal No.  Date  Y Y Y Y  M M  D D

Signature \_\_\_\_\_ Rank \_\_\_\_\_

**DECISION:** Approved  Refused  Reason for refusal \_\_\_\_\_

Surname

Forenames in full

Persal No.  Date  Y Y Y Y  M M  D D

Signature \_\_\_\_\_ Rank \_\_\_\_\_

REPUBLIC OF SOUTH AFRICA  
 DEPARTMENT OF HOME AFFAIRS  
 Annexure 12  
**APPLICATION FOR VERIFICATION, SUPPLEMENTATION  
 OR RECTIFICATION OF PERSONAL PARTICULARS**  
 [Section 7(2) of the Births and Deaths Registration Act 51 of 1992]

DHA-526  

Bar Code
----------

The form to be completed in black ink with BLOCK LETTERS. Applications that are not legible shall not be accepted.

**A. INSTRUCTIONS:**

- If the person whose particulars must be altered is 18 years of age or older, he / she must complete and sign the application form.
- If the person concerned is under the age of 18 years, the parent or legal guardian must complete and sign the application form.
- To verify, supplement or rectify any particulars, documentary proof of the correct particulars must be submitted together with the application form within seven days of issue of the particulars sought to be verified, supplemented or rectified.
- The person concerned should apply for a new identity document at the nearest Regional or District Representative of the Department of Home Affairs.

THIS APPLICATION IS FOR MYSELF  OR FOR MY MINOR CHILD

I HEREBY APPLY TO VERIFY, SUPPLEMENT OR RECTIFY THE FOLLOWING PARTICULARS: (please tick )

<input type="checkbox"/> Surname Rectification	<input type="checkbox"/> Date of birth Rectification	<input type="checkbox"/> Sex	<input type="checkbox"/> False registration (particulars of incorrect parents recorded on the birth register)
<input type="checkbox"/> Sex description (in terms of Section 2 Act 49 of 2003)	<input type="checkbox"/> Parents' particulars	<input type="checkbox"/> Forename Rectification	<input type="checkbox"/> Place of birth Rectification

**B. REASON FOR CHANGING THE PARTICULARS**  
 Briefly give your reasons for application. You may not write one word explanations like "personal" or "professional". If you do, your application cannot be processed.  
 Note: Your reason is taken into account when considering your application. You will be requested to provide documentation to substantiate your reason.

\_\_\_\_\_

\_\_\_\_\_

**C. CURRENT PARTICULARS OF APPLICANT**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forenames (in full)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address:	Street	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Town / Village	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Code	<input type="text"/>	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cell phone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Province	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The particulars are erroneously recorded as:

The correct particulars must be as follows:

These correct particulars must be reflected in the Birth Register and/or Identity Document.

**D. CURRENT PARTICULARS OF MINOR CHILD (complete only if applicable)**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Forenames (in full)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship of applicant to minor _____											

**E. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT'S PARTICULARS**  
 Please indicate any previous corrections or alterations to the applicant's particulars (such as surname, forename, place of birth, date of birth, sex) or any changes to such particulars of the applicant's parents

Previous particulars	Particulars after correction or alteration	Date corrected or altered	Reason for correction or alteration

**F. DECLARATION**

I, \_\_\_\_\_ (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992)

Signature of deponent \_\_\_\_\_ Date signed   |  |  |

1. I certify that before administering the oath / affirmation I asked the deponent the following questions and wrote down his / her answers in his / her presence:

- Do you know and understand the contents of this declaration? \_\_\_\_\_
- Do you have any objection to taking the prescribed oath? \_\_\_\_\_
- Do you consider the prescribed oath to be binding on your conscience? \_\_\_\_\_

2. 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 the deponent's signature / thumbprint / mark was placed thereon in my presence.

Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forenames in full	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business address	Street	<input type="text"/>	<input type="text"/>
	Town / Village	<input type="text"/>	Code <input type="text"/>

\_\_\_\_\_ Date signed   |  |  |

Commissioner of Oaths
Designation/Rank

<b>G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</b> <b>APPLICATION RECEIVED BY:</b> Identity number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Forenames in full <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Persal No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<div style="border: 1px solid black; width: 100%; height: 100%; margin: 10px auto;"></div> Office Stamp	
<b>DOCUMENTS SUBMITTED WITH THIS APPLICATION:</b> PLEASE TICK <input checked="" type="checkbox"/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Proof of payment  <input type="checkbox"/> Copy of applicant's birth certificate  <input type="checkbox"/> Copy of child's birth certificate (if applicable)  <input type="checkbox"/> Affidavits by all parties concerned in case of false registration                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> New DHA-24 in case of false registration  <input type="checkbox"/> Medical reports in case of sex description (to Act 49 of 2003) - from 2 separate doctors  <input type="checkbox"/> Proof of guardianship (if applicable)  <input type="checkbox"/> Other, specify _____                 </td> </tr> </table>		<input type="checkbox"/> Proof of payment <input type="checkbox"/> Copy of applicant's birth certificate <input type="checkbox"/> Copy of child's birth certificate (if applicable) <input type="checkbox"/> Affidavits by all parties concerned in case of false registration	<input type="checkbox"/> New DHA-24 in case of false registration <input type="checkbox"/> Medical reports in case of sex description (to Act 49 of 2003) - from 2 separate doctors <input type="checkbox"/> Proof of guardianship (if applicable) <input type="checkbox"/> Other, specify _____
<input type="checkbox"/> Proof of payment <input type="checkbox"/> Copy of applicant's birth certificate <input type="checkbox"/> Copy of child's birth certificate (if applicable) <input type="checkbox"/> Affidavits by all parties concerned in case of false registration	<input type="checkbox"/> New DHA-24 in case of false registration <input type="checkbox"/> Medical reports in case of sex description (to Act 49 of 2003) - from 2 separate doctors <input type="checkbox"/> Proof of guardianship (if applicable) <input type="checkbox"/> Other, specify _____		
<b>H. HEAD OFFICE USE ONLY</b> <b>APPLICATION APPROVED BY:</b> Identity number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Forenames in full <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Persal No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Status: Approved <input type="checkbox"/> Rejected <input type="checkbox"/>  _____ Signature	



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA-1773

Annexure 13  
**APPLICATION FOR RECORDING OF ADOPTION**

Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)

[Only for use by the adoptive parents]

Bar Code
----------

**A. I, MOTHER / PARENT A**

Identity number

Surname

Previous / Maiden surname

Forenames (in full)

Place of birth

Country of birth

Residential address Street

Town/Village  Province  Code

Telephone no., incl. area code  Cell phone no.

E-mail address

Postal address

Province  Postal code

**AND I, FATHER / PARENT B**

Identity number

Surname

Forenames (in full)

Place of birth

Country of birth

Residential address Street

Town/Village  Province  Code

Telephone no., incl. area code  Cell phone no.

E-mail address

Postal address

Province  Postal code

**B. WE ARE THE ADOPTIVE PARENTS OF THE FOLLOWING CHILD**

Identity number    Date of birth

Surname

Forenames (in full)

Place of birth

**C. We hereby apply to record the adoption of the child in \*his / her birth register (\*circle which is applicable).**

The child will assume the following name and surname after the adoption:

Forenames

Surname

\_\_\_\_\_  
*Signature of mother / Parent A*

\_\_\_\_\_  
*Signature of father / Parent B*

<p><b>D. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</b></p> <p><b>APPLICATION RECEIVED BY:</b></p> <p>Surname <input style="width: 100%; height: 20px;" type="text"/></p> <p>Forenames in full <input style="width: 100%; height: 20px;" type="text"/></p> <p>Persal No. <input style="width: 100%; height: 20px;" type="text"/></p> <p>Date <input style="width: 100%; height: 20px;" type="text"/></p> <p style="text-align: center; border: 1px solid black; width: 150px; height: 100px; margin: 10px auto;"><i>Stamp</i></p> <p>Signature _____</p>	<p><b>DOCUMENTS SUBMITTED WITH THIS APPLICATION:</b></p> <p>PLEASE TICK <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> DHA-24 <span style="margin-left: 200px;"><input type="checkbox"/> Birth certificate</span></p> <p><input type="checkbox"/> Copy of adoption order</p> <p><input type="checkbox"/> Other, specify _____</p> <p><input type="checkbox"/> DHA-193, if applicable</p> <p><input type="checkbox"/> Proof of payment</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**E. HEAD OFFICE USE ONLY**

**APPLICATION APPROVED BY:**

Surname  Status: Approved  Not Approved

Initials

Persal number

\_\_\_\_\_  
Signature

G.P.-S. 09/09

DHA-1663 A  
Page 1 of 3



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 deceased, the informant and the undertaker must be taken by the undertaker)

**A. PARTICULARS OF THE DECEASED**

Instructions: Section A to be filled out by **Authorised Medical Practitioner / Professional Nurse**, who is responsible for examining the body to determine the cause of death. The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth?  1.1 Death  1.2 Stillbirth

2. Identification of the deceased (tick one box):

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Stillborn child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unidentifiable:  2.6.1 Burnt  2.6.2 Decomposed  2.6.3 Other (specify) \_\_\_\_\_

2.6.4 DNA samples retrieved for identification purposes  2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth

4.1 Place of Death/stillbirth (City/Town/Village)

4.2 Province of Death/stillbirth

5. Place of Registration of Death / stillbirth

6. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

8. Identity No. (Passport No. if foreigner)

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

11. Gender  11.1 Male  11.2 Female  11.3 Indeterminable

12. Surname

13. Previous / Maiden Surname

14. Forenames

15. Usual\* Residential Address: Street

Town

Province

Postal code

16. Citizenship

16.1 Place of Birth (City / Town / Village)

or Country of Birth, if abroad

16.2 Province of Birth

17. Marital Status of the deceased  17.1 Single  17.2 Married  17.3 Widowed  17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed)

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un-Known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(mark with a )

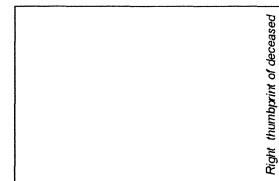
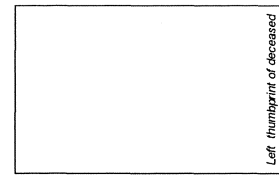
19. Usual occupation of deceased (type of work done during most of working life)

20. Type of business / industry: (mark with a )

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, external organisations, representatives of foreign governments & other activities not adequately defined
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Was the deceased a regular\*\* smoker five years ago? (mark with a )  21.1 Yes  21.2 No  21.3 Do not know  21.4 Not applicable (minor)

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



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DHA-1663 A  
Page 2 of 3



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 deceased, the informant and the undertaker must be taken by the undertaker)

**B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **Natural Causes**
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to **Natural Causes**

Particulars of the Medical Practitioner / Professional Nurse who filled out the form: 23. HPCSA Registration No.

24. Surname

25. Forenames

26. Name of Health Facility / Practice  27. Facility / Practice No.

28. Business Address: Street

Town  Province

Telephone No. (Office)  Postal Code

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed \_\_\_\_\_  
Date signed  Signature \_\_\_\_\_

Office stamp of health facility or practice

**C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST**

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- 30.1 Natural  30.2 Unnatural  30.3 Under investigation

31. Date of Post-mortem

32. Name of Medico-legal Mortuary  33. Mortuary No.

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.

37. Surname

38. Forenames

39. Business Address: Street

Town  Province  Postal Code

Telephone No. (Office)

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Place signed \_\_\_\_\_  
Date signed  Signature \_\_\_\_\_

Office stamp of mortuary

**D. PARTICULARS OF INFORMANT**

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

44. Forenames

45. Residential Address: Street

Town  Province  Postal Code

Telephone No. (Home)  Cellphone No.

46. The Deceased is my:  46.1 Parent  46.2 Spouse  46.3 Child  46.4 Other. Specify \_\_\_\_\_

I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature \_\_\_\_\_ Date signed

Left thumb print of informant

G.P.-S. 09/09

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Page 3 of 3



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 deceased, the informant and the undertaker must be taken by the undertaker)

**E. PARTICULARS OF FUNERAL UNDERTAKER**

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. **Authorised Funeral Undertaker or Informant** may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parlour

48. DHA Designation No.  49. Company Reg. No.

50. SARS Reg. No. (Income tax reference no.)

**Details of Funeral Undertaker or Authorised Representative**

51. Identity No. (Passport No. if foreigner)

52. Surname

53. Forenames

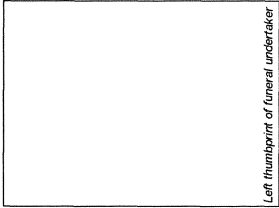
54. Business Address  
Street   
Town   
Province  Postal Code

Telephone No. (Office)  Cellphone No.

55. Date of collection of corpse  56. Date of Cremation (if applicable)

57. Place of Burial (City / Town / Village)  Province

58. Date of Burial  59. Grave No. (if available)



Left thumbprint of funeral undertaker

Place signed \_\_\_\_\_  
Date signed  Signature \_\_\_\_\_

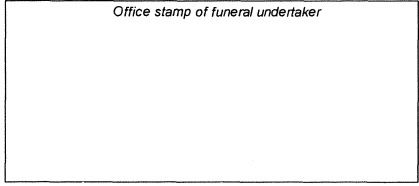
**Name of person who collected the deceased:**

60. Identity No. (Passport No. if foreigner)

61. Surname

62. Forenames

Place signed \_\_\_\_\_  
Date signed  Signature \_\_\_\_\_



**F. FOR OFFICIAL USE ONLY**

Registration of death approved, DHA-1663 received by (particulars of DHA official):

63. Identity No.

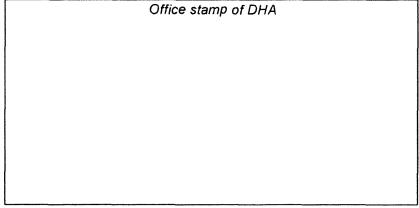
64. Surname

65. Forenames

66. Persal No.

Documents included with this notice:  Copy of the deceased's ID  Copy of ID document of the informant  
 DHA - 6 (if applicable)  DHA - 1680 (if applicable)

DHA-1663 was submitted by:  Informant  Funeral Undertaker





NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

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 [X] 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)

This page must be sealed after completion to ensure confidentiality

FOLD TO THIS POINT

ID No. (Passport No. if foreigner) [ ] File no. [ ] Date [ ]

DHA-1663 B Page 1 of 1

FOLD TO THIS POINT

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner / Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

67. Identity No. (Passport No. if foreigner) [ ] 68. Gender [ ] 68.1 Male [ ] 68.2 Female [ ] 68.3 Indeterminable [ ] 69. Surname [ ] 70. Forenames [ ] 71. Population Group [ ] 71.1 African [ ] 71.2 White [ ] 71.3 Indian/Asian [ ] 71.4 Coloured [ ] 71.5 Other (specify) [ ] 72. Place of Death [ ] 72.1 Hospital/Inpatient [ ] 72.2 ER/Outpatient [ ] 72.3 DOA [ ] 72.4 Nursing Home [ ] 72.5 At home [ ] 72.6 Other (specify) [ ] 73. Name of Health Facility/Practice [ ] 74. Facility Contact Telephone No. incl. Area Code [ ] 75. Patient File No. [ ] 76. Contact Person at Facility: Surname [ ] Forenames [ ] Role/Rank [ ]

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (final disease or condition resulting in death) a) Due to (or as a consequence of) [ ] b) Due to (or as a consequence of) [ ] c) Due to (or as a consequence of) [ ] d) Due to (or as a consequence of) [ ] Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 [ ] 78. If a female, was she pregnant at the time of death or up to 42 days prior to death? (X) [ ] 82.1 Yes [ ] 82.2 No [ ]

79. Method used to ascertain the cause of death (tick all that apply):

[ ] 79.1 Autopsy [ ] 79.2 Post mortem examination [ ] 79.3 Opinion of attending medical practitioner [ ] 79.4 Opinion of attending medical practitioner on duty [ ] 79.5 Opinion of registered professional nurse [ ] 79.6 Interview of family member [ ] 79.7 Other (specify) [ ]

G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

Mother 80. Identity Number [ ] 81. Date of Birth [ ] 82. Age of last birthday/ DOB unknown [ ] 83. Number of previous pregnancies resulting in: [ ] 83.1 Live births [ ] 83.2 Stillbirths [ ] 83.3 Abortions [ ] 84. Outcome of last previous pregnancy (tick one): [ ] 84.1 Live birth [ ] 84.2 Stillbirth [ ] 84.3 Abortion [ ] 85. Date of last previous delivery [ ] 86. First day of last menstrual period [ ] Or, if unknown, estimated duration of pregnancy (in completed weeks) [ ] 87. Method of delivery: [ ] 87.1 Spontaneous [ ] 87.2 Forceps delivery [ ] 87.3 Forceps and rotation [ ] 87.4 Vacuum extractor [ ] 87.5 Caesarean section [ ] 87.6 Other (specify) [ ] 88. Antenatal care two or more visits: [ ] 88.1 Yes [ ] 88.2 No [ ] 88.3 Unknown [ ] Child 89. Type of death: [ ] 89.1 Stillbirth [ ] 89.2 Live birth [ ] 90. Birth weight (in grams) [ ] 91. This birth was: [ ] 91.1 Single birth [ ] 91.2 First twin [ ] 91.3 Second twin [ ] 91.4 Other multiple [ ] 92. If still born, heartbeat ceased: [ ] 92.1 Before labour [ ] 92.2 During labour but before delivery [ ] 92.3 Before delivery but not known whether before or during labour [ ] 93. If death occurred within 24 hours after birth, number of hours alive [ ] 94. Attendant at birth: [ ] 94.1 Physician [ ] 94.2 Trained midwife [ ] 94.3 Other trained person (specify) [ ] 94.4 Other (specify) [ ]

95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant [ ] b. Other diseases or conditions in foetus or infant [ ] c. Main maternal disease or condition affecting foetus or infant [ ] d. Other maternal diseases or conditions affecting foetus or infant [ ] e. Other relevant circumstances [ ]

96. Autopsy information (X)

[ ] 96.1 Certified causes of death has been confirmed by autopsy [ ] 96.2 Autopsy information may be available later [ ] 96.3 Autopsy not performed [ ]



REPUBLIC OF SOUTH AFRICA  
DEPT OF HOME AFFAIRS

CONFIDENTIALITY SEAL, DO NOT OPEN, TAMPERING WITH THIS FORM IS A BREACH OF  
CONFIDENTIALITY

**CONFIDENTIAL**

The DHA-1663 Notice of Death/Stillbirth is Confidential.  
This page can ONLY be opened by Statistics SA Officials.

TO OPEN: FOLD ALONG PERFORATION  
AND TEAR

TO OPEN: FOLD ALONG PERFORATION  
AND TEAR

↑ TO OPEN: FOLD ALONG PERFORATION AND TEAR ↑



<b>D. DECLARATION BY AUTHORISED PERSON</b>		BARCODE																																									
<p>I, the undersigned, hereby declare that: <span style="float: right;">(choose the applicable option)</span></p> <p>a) I was present at the above mentioned death / saw the body. <input style="float: right;" type="checkbox"/></p> <p>b) I did not witness the death and did not see the body. The certificate is issued in good faith, as informed by the person whose particulars appear in Part C. <input style="float: right;" type="checkbox"/></p> <p>c) The information furnished in Parts A and B is to the best of my knowledge and belief true and correct. <input style="float: right;" type="checkbox"/></p> <p>d) A medical practitioner has not certified the cause of death as, one was not available to do so. <input style="float: right;" type="checkbox"/></p> <p><b>Was the deceased a female person known to be pregnant?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Don't know</p> <p>I, the undersigned, hereby declare under oath that the information submitted in this form and supporting documents are to the best of knowledge and belief true and correct. I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.</p> <p style="text-align: right;">Date signed <input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="D"/><input type="text" value="D"/></p> <p>Signature _____ Place signed _____</p>																																											
<b>E. PARTICULARS OF AUTHORISED PERSON</b>																																											
<p>I, the undersigned, hereby certify that the information provided above is to the best of my knowledge and belief true and correct</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Identity number</td> <td style="width: 35%;"><input type="text"/></td> <td style="width: 15%;"><input type="text"/></td> <td style="width: 35%;"><input type="text"/></td> <td rowspan="10" style="width: 10%; text-align: center; vertical-align: middle;">Left handprint of authorised person</td> </tr> <tr> <td>Date of birth</td> <td><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="D"/><input type="text" value="D"/></td> <td>Designation no.</td> <td><input type="text"/></td> </tr> <tr> <td>Surname</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Forenames</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Residential address Street</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Town</td> <td><input type="text"/></td> <td>Postal code</td> <td><input type="text"/></td> </tr> <tr> <td>Province</td> <td><input type="text"/></td> <td>Telephone number (office)</td> <td><input type="text"/></td> </tr> <tr> <td>Cellphone no.</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>E-mail address:</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td colspan="4" style="text-align: center;">Office Stamp</td> </tr> </table> <p style="text-align: right;">Date signed <input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="D"/><input type="text" value="D"/></p> <p>Signature _____</p>			Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Left handprint of authorised person	Date of birth	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="D"/> <input type="text" value="D"/>	Designation no.	<input type="text"/>	Surname	<input type="text"/>			Forenames	<input type="text"/>			Residential address Street	<input type="text"/>			Town	<input type="text"/>	Postal code	<input type="text"/>	Province	<input type="text"/>	Telephone number (office)	<input type="text"/>	Cellphone no.	<input type="text"/>			E-mail address:	<input type="text"/>			Office Stamp			
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Left handprint of authorised person																																							
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<b>F. FORM DELIVERED TO HOME AFFAIRS OFFICE BY</b>																																											
<p>Identity no. (passport if foreigner) <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forenames <input type="text"/></p> <p>Relationship to the deceased    <input type="checkbox"/> Parent    <input type="checkbox"/> Spouse    <input type="checkbox"/> Child    <input type="checkbox"/> Other, specify _____</p>																																											
<b>G. FOR OFFICIAL USE ONLY</b>																																											
<p>The information stated above has been verified by    Status    <input type="checkbox"/> Approved    <input type="checkbox"/> Need investigation</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Surname</td> <td style="width: 40%;"><input type="text"/></td> <td rowspan="4" style="width: 45%; text-align: center; vertical-align: middle;">Office stamp</td> </tr> <tr> <td>Forenames</td> <td><input type="text"/></td> </tr> <tr> <td>Persal no.</td> <td><input type="text"/></td> </tr> <tr> <td>Rank</td> <td><input type="text"/></td> </tr> </table> <p style="text-align: right;">Date signed <input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="D"/><input type="text" value="D"/></p> <p>Signature _____</p> <p>Documents included with this application:    <input type="checkbox"/> Original ID of Deceased    <input type="checkbox"/> Copy of ID document of the informant</p> <p style="margin-left: 120px;"><input type="checkbox"/> Copy of ID of Authorised Person    <input type="checkbox"/> Copy of Authorisation Letter issued to Authorised Person</p>			Surname	<input type="text"/>	Office stamp	Forenames	<input type="text"/>	Persal no.	<input type="text"/>	Rank	<input type="text"/>																																
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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 , where required. **Applications that are incomplete or not legible shall not be accepted.**

**A. PARTICULARS OF THE STILL BORN CHILD**

Surname of Child

Forenames (if any)

Date of still birth  Y  Y  Y  Y  M  M  M  M  M  M  M  M  D  D *(write month in full)* Gender

Place of birth: City/Town  Province

**B. PARTICULARS OF DECLARANT**

Identity number

Surname

Forenames

Residential address: Street

Town/Village  Province

Telephone no., incl. area code  Cell phone no.  Postal code

The Deceased is my:  Parent  Spouse  Child  Other, Specify \_\_\_\_\_

Left thumbprint of Declarant

I hereby declare under oath that the information submitted in this form is true and correct, and I understand that a false statement is punishable under section 31 of the Birth and Death Registration Act 51 of 1992

Signature \_\_\_\_\_

Date  Y  Y  Y  Y  M  M  D  D

**C. DECLARATION (For offices use only)**

I certify that before administering the prescribed oath/solemn declaration I put the following questions to the deponent and noted his/her replies in his/her presence:

Do you know and understand the contents of the above declaration?

Answer: \_\_\_\_\_

Have you any objection to taking the prescribed oath?

Answer: \_\_\_\_\_

Do you regard the prescribed oath/solemn declaration to be binding on your conscience?

Answer: \_\_\_\_\_

Office Stamp

I certify that the deponent has acknowledged that he/she knows and understands the contents of the above declaration which was sworn to/ affirmed before me and that the deponent's signature/thumb-print/mark was placed in my presence. I understand that if I gave any false statement, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

Signature \_\_\_\_\_  
of the Commissioner of Oaths

Date  Y  Y  Y  Y  M  M  D  D


Identity number  Persal Number

Surname

Forenames

Street Address

Designation (Rank)

	REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS Annexure 19 <b>REMOVAL ORDER</b> [Births and Deaths Registration Act 51 of 1992] [Regulation 16]	DHA-14B Barcode
	The form to be completed in <b>BLACK INK</b> with <b>BLOCK LETTERS</b> . Please mark with <input checked="" type="checkbox"/> the <b>CORRECT</b> box, where required.	
Date of issue: <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Serial number of DHA-1663: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>A. PARTICULARS OF DECEASED</b>		
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Citizenship: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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<b>B. AUTHORITY FOR REMOVAL OF CORPSE</b>		
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.		
Order issued by: <i>(tick applicable)</i>		
<input type="checkbox"/> SAPS                                      Force No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<div style="border: 1px solid black; width: 150px; height: 100px; margin: auto;">                         Office Stamp                     </div>	
<input type="checkbox"/> Forensic Pathologist                      HPCSA No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Surname: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Forenames: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Telephone No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date Signed: <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D                      Signature: _____		
<b>C. RECIPIENT OF AUTHORITY OF REMOVAL (if Funeral Undertaker please provide details of the business)</b>		
Identity number (passport if foreigner): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Surname: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Maiden name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Forename: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name of Funeral Parlour: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
DHA Designation number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Business address: Street <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Town: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Telephone number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone no., incl. area code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Cell phone no.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Relation to the deceased: Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Funeral undertaker <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
Signature of recipient: _____		Date received: <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> 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  Month  Day

Gender .....

Marital status .....

Date of death: Year  Month  Day


Place of death .....


Cause of death .....

.....

(Official date stamp)

.....  
*Director-General: Home Affairs*

 <p>REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS</p> <p>Annexure 21 <b>APPLICATION FOR DESIGNATION AS FUNERAL UNDERTAKER</b> [Births and Deaths Registration Act 51 of 1992] [Section 22A(1)]</p>	<p>DHA -1774</p>
<p>To be completed by the Applicant. The form must be completed in <b>BLACK INK</b> with <b>BLOCK LETTERS</b>. Applications that are not legible shall not be accepted.</p>	
<p><b>A. PARTICULARS OF BUSINESS OWNER (must be the Applicant)</b></p> <p>Identity number <input type="text"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Surname <input type="text"/></p> <p>Previous / Maiden Surname <input type="text"/></p> <p>Forenames in full <input type="text"/></p> <p>Address Street <input type="text"/></p> <p>Town / Village <input type="text"/></p> <p>Province <input type="text"/> Code <input type="text"/></p> <p>Telephone number <input type="text"/> Cell phone number <input type="text"/></p> <p>E-mail address <input type="text"/> Fax <input type="text"/></p> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-right: auto; text-align: center; vertical-align: middle;"> <p><i>Left thumbprint of applicant</i></p> </div>	
<p><b>B. PARTICULARS OF BUSINESS</b></p> <p>Name of business / funeral parlour <input type="text"/></p> <p>Business Reg. No (CIPC) <input type="text"/></p> <p>SARS Reg. No <input type="text"/></p> <p>Address Street <input type="text"/></p> <p>Town / Village <input type="text"/></p> <p>Province <input type="text"/></p> <p>Telephone number <input type="text"/> Code <input type="text"/></p> <p>Cell phone number <input type="text"/> Fax <input type="text"/></p> <p>E-mail address <input type="text"/></p>	
<p><b>C. DECLARATION BY BUSINESS OWNER</b></p> <p>I, _____ hereby declare that the information provided in this form is true and correct. I understand that giving false information is an offence which is punishable in terms of section 31 of the Act.</p> <p>Signature _____ Date signed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p><b>D. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</b></p> <p><b>APPLICATION RECEIVED BY:</b></p> <p>Surname <input type="text"/></p> <p>Forenames in full <input type="text"/></p> <p>Persal number <input type="text"/></p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signature _____</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-right: auto; text-align: center; vertical-align: middle;"> <p><i>Office stamp</i></p> </div>	<p><b>DOCUMENTS SUBMITTED:</b></p> <p><input type="checkbox"/> Copy of business owner's Identity document</p> <p><input type="checkbox"/> Certificate of competency from municipality</p> <p><input type="checkbox"/> Copy of SARS registration</p> <p><input type="checkbox"/> Copy of CIPC certificate</p> <p><input type="checkbox"/> Copy of registration with Federation / Association of Funeral Undertakers</p>
<p><b>E. Online verification performed on Business Owner and printout attached</b> <input type="checkbox"/> Business owner</p> <p>Surname <input type="text"/></p> <p>Forenames in full <input type="text"/></p> <p>Persal number <input type="text"/></p> <p>Signature _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p><b>F. APPLICATION VERIFIED:</b> STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Rejected</p> <p>I, _____ hereby declare that I have received and verified the application and have approved / rejected* the application. (* delete whichever is not applicable).</p> <p><b>Allocated Designation Number:</b></p> <p><input type="text"/></p> <p>Surname <input type="text"/></p> <p>Forenames in full <input type="text"/></p> <p>Persal number <input type="text"/></p> <p>Signature _____ Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-right: auto; text-align: center; vertical-align: middle;"> <p><i>Official Stamp</i></p> </div>	



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

Annexure 22  
**APPLICATION FOR COPY OF BIRTH CERTIFICATE**  
[Births and Deaths Registration Act 51 of 1992]

DHA-154

BARCODE

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 with  the CORRECT box, where required. Applications that are not legible shall not be accepted.

Please select below which certificate is required:

Unabridged Certificate <input type="checkbox"/>	Certified copy of Birth Register (vault copy) <input type="checkbox"/>	
Abridged Certificate <input type="checkbox"/>	Handwritten abridged certificate <input type="checkbox"/>	

Please provide reasons for applying for this certificate [compulsory in terms of section 29(2)(b) of the Act]:

---

**A. PARTICULARS OF PERSON WHOSE BIRTH CERTIFICATE IS REQUIRED**

Identity number/Passport No.    Birth entry number

Date of Birth                    (write month in full)

Surname

Previous/Maiden surname

Forenames in full

Place of birth: City/Town

District/Province of Birth  Country of Birth

**B. PARTICULARS OF MOTHER / PARENT A**

Identity number/ Passport No.

Surname

Previous/Maiden surname

Forenames in full

Place of birth: City/Town

District/Province of Birth  Country of Birth

**C. PARTICULARS OF FATHER / PARENT B**

Identity number

Surname

Previous surname

Forenames in full

Place of birth: City/Town

District/Province of Birth  Country of Birth

**D. PARTICULARS OF APPLICANT**

Identity number

Surname

Forenames in full

Residential address: Street

Town/Village

District/Province  Postal code

Telephone no., incl. area code  Cell phone no.

E-mail address

Postal address

Province  Postal code

Relationship to the person concerned:  Mother/Parent A  Father/Parent B  Legal guardian (Attach proof of guardianship)

Social Worker or Authorised Officer, provide case number:

Legal representative (Attach Power of Attorney)

I \_\_\_\_\_ (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief true and correct and that in case it is not true I shall be guilty of an offence and on conviction liable to a fine or imprisonment for a period not exceeding five years of to both such fine and such imprisonment (section 31(1)(b) of Act 51 of 1992)

Signature of Applicant: \_\_\_\_\_ Date:

**E. FOR OFFICIAL USE ONLY**

**APPLICATION RECEIVED BY:**

Surname

Forenames in full

Persal No.

Date

Office stamp - OFFICE OF  
ORIGIN

Signature \_\_\_\_\_

**DOCUMENTS SUBMITTED: PLEASE TICK**

Copy of Identity Document of applicant

Proof of guardianship

Power of Attorney

Payment received, if applicable

Copy of Passport, incl. page with visa/permit



DHA-19



**UNABRIDGED BIRTH CERTIFICATE  
(For non-South African citizens)**

[Births and Deaths Registration Act 51 of 1992]

**Bar Code**

ISSUED WITHOUT ERRORS OR ALTERATIONS

**A. CHILD**

Surname

Forenames in full

Date of birth  Y Y Y Y  M M M M M M M M  D D (write month in full) Sex:

Place of birth: City/Town  Province

Country of birth

**B. MOTHER / PARENT A**

Passport No.  Date of birth  Y Y Y Y  M M  D D

Surname

Maiden/Previous surname

Forenames in full

Place of birth: City/Town  Country of birth

Nationality

**C. FATHER / PARENT B**

Passport No.    Date of birth  Y Y Y Y  M M  D D

Surname

Forenames in full

Place of birth: City/Town  Country of birth

Nationality

**D. ENDORSEMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Director-General*

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)

Certified 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..... 7. Marital status .....
- 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.....

(Official date stamp)

.....  
*Director-General: Home Affairs*