DEPARTMENT OF HOME AFFAIRS

NO. 1085 12 OCTOBER 2018

BIRTHS AND DEATHS REGISTRATION ACT, 1992 (ACT NO. 51 OF 1992)

PUBLICATION OF THE DRAFT REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2018

The Department of Home Affairs ("DHA") invites public comments on the draft Refugees Regulations, 2014

Written submissions should reach the DHA on or before 16 November 2018. Submissions should be addressed to the Chief Director: Legal Services and may be forwarded to the DHA in any of the following manners:

(a) delivered by hand to the Department of Home Affairs, 230 Johannes Ramokhoase (Proes) Street, Hallmark Building (c/o Johannes Ramokhoase and Thabo Sehume Street), Pretoria, 0001, for attention Adv Tsietsi Sebelemetja;
(b) mailed to the DHA at Private Bag X114, Pretoria, 0001;
(c) faxed to 0865 144 267; or
(d) e-mailed to Tsietsi.Sebelemetja@dha.gov.za and Moses.Malakate@dha.gov.za

Any enquiries should be directed to Adv Tsietsi Sebelemetja at (012) 406 4271 / 4023 or Adv Moses Malakate at (012) 406 4273.
GOVERNMENT NOTICE

DEPARTMENT OF HOME AFFAIRS

No. R. ______          _____ 2018

BIRTHS AND DEATHS REGISTRATION ACT, 1992

DRAFT REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2018

The Minister of Home Affairs intends, in terms of section 32 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), to make 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);
   “confirmation of birth certificate” means a certificate issued to a non-South African citizen confirming that the birth of his or her child occurred within the Republic and enables the holder thereof to approach the relevant authorities of his or her country of citizenship or nationality in order to register the birth of his or her child in his or her country of citizenship or nationality’s population register;
   “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;
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 1 and be accompanied by—

(a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A 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 Part A5 on Form DHA–24 illustrated in Annexure 1;

(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 Part A4 on Form DHA–24 illustrated in Annexure 1;

(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 1B;

(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; and

(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.

(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 1 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 2 and be accompanied by—

(a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A 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 Part A7 on Form DHA–24/LRB illustrated in Annexure 2;

(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 Part A8 on Form 24/LRB illustrated in Annexure 2;

(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 1B;

(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; and
(j) 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/LRB illustrated in Annexure 2 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 2 and be accompanied by—

(a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A 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 Part A8 of Form DHA–24/LRB illustrated in Annexure 2;

(d) fingerprints of—
   (i) the parents; and
   (ii) 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 fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on Form DHA-24/LRB illustrated in Annexure 2: Provided further that where the child’s fingerprints cannot be verified online, the full set of fingerprints of the child must be taken on Part A.9 of Form DHA-24/LRB;

(e) two recent identity size photographs of a child or person who is 7 years or older, affixed to the appropriate space on Part A9 of Form DHA–24/LRB illustrated in Annexure 2;

(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; and

(k) 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/LRB illustrated in Annexure 2 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 3; or

(b) an acknowledgement of receipt on Form DHA–25 illustrated in Annexure 1 or Annexure 2, as the case may be, 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 confirmation of birth on a Form DHA–19 illustrated in Annexure 4: Provided that an identity number, as contemplated in terms of section 7 of the Identification Act, for holders of a valid permanent residence permit issued in terms of the Immigration Act or refugee permit issued in terms of section 24 of the Refugees Act, will be allocated to the child after the issuance of the derivative permanent residence status or refugee status to the child.
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 1 and be accompanied by—

(a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A 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 Part A5 of Form DHA–24 illustrated in Annexure 1;

(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; and

(h) 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 1 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 confirmation of birth without an identity number on Form DHA–19 illustrated in Annexure 4, 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 1 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 Part G of Form DHA–24 illustrated in Annexure 1.

(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 1 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 1 or Form DHA–24/LRB illustrated in Annexure 2, 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 A4 of Form DHA-24 illustrated in Annexure 1 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) in the case of late registration of birth, submit an affidavit on Part A4 of Form DHA–24/LRB illustrated in Annexure 2 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, a certified copy of a valid visa or permit, permanent resident 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 Part C of Form DHA–24 illustrated in Annexure 1.
(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 Part E of Form DHA–24 illustrated in Annexure 1.
(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 3; or
   (b) an acknowledgement of receipt on Form DHA–25 illustrated in Annexure 1, 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 Part E of Form DHA–24 illustrated in Annexure 1, 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 Part D of Form DHA–24 illustrated in Annexure 1.

(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 Part B1 of Form DHA–24 illustrated in Annexure 1.

(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 Part B2 of Form DHA–24 illustrated in Annexure 1.

(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 Part F of Form DHA–24 illustrated in Annexure 1.

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 6 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 7 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 7 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 1B;

(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–18 illustrated in Annexure 10, if the death certificate cannot be issued immediately, proof of notice of death on Form DHA–1577 illustrated in Annexure 8; and

(f) issue to the informant a burial order on Form DHA–14A illustrated in Annexure 9.

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 6 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 7 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 7 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 1B;

(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 10; and

(e) issue to the informant a burial order on Form DHA–14A illustrated in Annexure 9.

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 6.

(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 6, excluding Part G, and preserve a copy of the Annexure 13 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 6.
(2) The declaration referred to in section 18(2) of the Act must be on Form DHA–6 illustrated in Annexure 11.

**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 6 and issue proof of notice of death to the informant on Form DHA–1577 illustrated in Annexure 8.

(4) The head of a mission must, as soon as possible, forward to the Director-General each completed DHA–1663 illustrated in Annexure 6, 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 12.

**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–18 or DHA–20 illustrated in Annexure 10 and Annexure 13, 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 14 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–132/154/130 illustrated in Annexure15, as the case may be.
(2) A certificate issued as a duplicate must be clearly marked as a “duplicate”.

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(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 Part F of DHA-24 illustrated in Annexure 1.

(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**


(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, 2018 and shall come into operation on XXX.
ANNEXURES

Annexure 1
DHA–24 (Notice of birth and amendment of personal details)
DHA–25 (Acknowledgement of receipt of a notice of birth)

Annexure 1A
DHA–24/PB (Proof of Birth)

Annexure 1B
DHA–24/A (Fingerprints Form)

Annexure 2
DHA–24/LRB (Notice of birth for late registration of birth)

Annexure 3
DHA–5 (Birth Certificate)

Annexure 4
DHA–19 (Confirmation of birth issued to non-South African citizens)

Annexure 5
DHA–529 (Determination of citizenship status)

Annexure 6
DHA–1663 (Death Register)

Annexure 7
DHA–1680 (Death report)

Annexure 8
DHA–1577 (Proof of notice of death)

Annexure 9
DHA–14/A (Burial order)

Annexure 10
DHA–18 (Death Certificate)

Annexure 11
DHA–6 (Declaration relating to a stillbirth by a person other than a medical practitioner)

Annexure 12
DHA–14B (Removal order)

Annexure 13
DHA–20 (Abridged Death Certificate)
Annexure 14
DHA–1774 (Application for designation as funeral undertaker)

Annexure 15
DHA–154/132/130 (Application for copy of a certificate)
NOTICE OF BIRTH AND AMENDMENT OF PERSONAL DETAILS
(Birth and Death 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 BLOCK LETTERS. Please tick with ☑ the CORRECT box, where required. Write LEGIBLY. Applications that are not legible shall not be accepted.

INSTRUCTIONS:
1. If the person whose particulars must be altered is 18 years of age or older, he / she must complete and sign the application form.
2. If the person concerned is under the age of 18 years, the parent or legal guardian must complete and sign the application form.
3. 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.
4. The person concerned should apply for a new identity document at the nearest Regional or District Representative of the Department of Home Affairs.

<table>
<thead>
<tr>
<th>Application for:</th>
<th>Applicable sections to be completed by client</th>
<th>Departmental Official Front Office</th>
<th>Head Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Registration</td>
<td>A1-A6</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Assumption/Change of Surname</td>
<td>A1, A2, A3, A6, B1 or B2 and F</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Re-registration</td>
<td>A1, A2, A3, A6, C, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Forename Change</td>
<td>A1, A2, A3, A6, D, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Insertion of Natural Father's details</td>
<td>A1, A2, A3, A6, E and F</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>False Registration</td>
<td>A1, A2, A3, A6, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Date of Birth Rectification</td>
<td>A1, A2, A3, A6, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Rectification of Sex Description</td>
<td>A1, A2, A3, A6, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Alteration of Sex Description and Sex Status (Act 49 of 2003)</td>
<td>A1, A2, A3, A6 and F</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Rectification of Parents Particulars</td>
<td>A1, A2, A3, A6, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Place of Birth Rectification</td>
<td>A1, A2, A3, A6, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Rectification of Name/Surname</td>
<td>A1, A2, A3, A6, F and H1</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
<tr>
<td>Recording of Adoption</td>
<td>A1, A2, A3, A6, and G</td>
<td>A7 and A8</td>
<td>H1, H2</td>
</tr>
<tr>
<td>Amplification of Birth Registration</td>
<td>A1, A2, A3, A6, and F</td>
<td>A7 and A8</td>
<td>H2</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

NOTICE OF BIRTH AND AMENDMENT OF PERSONAL DETAILS
(only issue to acknowledge receipt if the birth certificate is not printed and for all amendment of personal details)

DHA-25

User ID ___________________________ Signature ___________________________

ID number of child (newly generated) or person whose details are to be amended

ID / Passport / PR/ Refugee / Asylum Seeker Permit No. of applicant

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PART A: BIRTH REGISTRATION
[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 the correct box, where required. Write LEGIBLY. Applications that are not legible shall not be accepted.

Date of application

A1. DETAILS OF THE CHILD
Surname
Forenames in full
Date of birth
Sex:
Are the parents of the child married to each other? Yes No

NOTE: If twins or more, provide time of birth for each child. For each child, complete separate form and submit all forms together.
Child 1: Time
Child 2: Time
Child 3: Time
Child 4: Time
Child 5: Time
Child 6: Time
Place of birth: City/Town
Province
Country of birth

NOTE: For applications related to false registration, please indicate details of correct parents that should be reflected

A2. DETAILS OF MOTHER (PARENT A)
ID No./Passport No./PR/Refugee/Asylum Seeker No. if foreigner
Date of birth
Present surname
Maiden surname
Forenames in full
Place of birth: City/Town
Province
Country of birth
Residential address
Telephone no., incl. area code
Cell phone no.
Postal code
E-mail address
Citizenship

A3. DETAILS OF FATHER (PARENT B)
ID No./Passport No./PR/Refugee/Asylum Seeker No. if foreigner
Date of birth
Present surname
Maiden surname
Forenames in full
Place of birth: City/Town
Province
Country of birth
Residential address
Telephone no., incl. area code
Cell phone no.
Postal code
E-mail address
Citizenship
### A4. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD

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

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
</table>

Mother's consent to the acknowledgement of paternity

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
</table>

ID No./Passport No./PR/Refugee/Asylum Seeker No.  
Date

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

LEFT

RIGHT

### A5. PARTICULARS OF A PERSON WHO WITNESSED THE BIRTH (for a birth that occurred at a place other than a Health Facility)

ID No./Passport No./PR/Refugee/Asylum Seeker No.  
Date of birth

Surname

Previous/Maiden surname

Forenames in full

Physical address

Town/Village

Telephone no., incl. area code

Cell phone no.

E-mail address

Relationship to Mother/Parent

NOTE: Attach online verification print out of witness. If not RSA citizen, attach fingerprint form.

DECLARATION BY PERSON WHO WITNESSED THE BIRTH

I, __________________________, 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

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
</table>

Date

Place

NOTE: Attach online verification print out of witness. If not RSA citizen, attach fingerprint form.
A6. 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: ____________________________

ID No./ Passport No./ PRI/ Refugee/ Asylum Seeker No. ____________________________

Social Workers Case No: ____________________________ (Attach copy of Court order)

Surname ____________________________

Fonenames in full ____________________________

Initials and surname ____________________________

Signature ____________________________

A7. FOR OFFICIAL USE ONLY - FRONT OFFICE CLERK

APPLICATION RECEIVED AND VERIFIED BY:

Surname ____________________________

First name ____________________________

User ID ____________________________

Stat Birth ____________________________

I O S M ____________________________

DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK ☑

☐ Proof of Birth Form (DHA-24/PB) ☐ Paternity test results (if applicable) ☐ Certified copy of the Foreign birth certificate of the child

☐ Certified copy of Mother’s/Parent A’s ID ☐ Copy of valid passport (all pages) ☐ Citizenship determination Form DHA-529 (SA Parent)

☐ Certified copy of Father’s/Parent B’s ID (if applicable) ☐ Certified copy of Court order (abandoned/ orphaned children) ☐ Citizenship determination Form DHA-529 (Child)

☐ Certified copy of Next of kin / Legal Guardian / Social Worker’s ID ☐ Certified copy of death certificate (if applicable) ☐ Copy of refugee permit (s24 to Refugees Act), if applicable

☐ Certified copy of Marriage / Civil Union/ Customary Marriage Certificate of parents (if married) ☐ Citizenship determination Form DHA-529 (Child)

☐ DHA-1658 if married religiously i.e. Muslim, Hindu ☐ Copy of Asylum Seeker permit (s22 to Refugees Act), if applicable

☐ Certified copy of Social Worker’s Registration Certificate ☐ Copy of permit (ito 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 ☐ Person who witnessed birth

Date ____________________________ Signature ____________________________

A8. APPLICATION RECEIVED AND VERIFIED: (SUPERVISOR) 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

User ID ____________________________ Date ____________________________ Signature ____________________________

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## PART B: AMENDMENT OF PERSONAL DETAILS

### B1. Change of a surname of a Minor (Section 25 (a), (b), (c), (d) of Act,1992)

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

<table>
<thead>
<tr>
<th>Reason for Application</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child was born out of wedlock and I am now married to someone else other than the natural father of my child (Provide consent of natural Father)</td>
<td></td>
</tr>
<tr>
<td>The marriage with the natural father of my child has been dissolved through divorce and I remarried (Provide consent of natural Father or proof of full rights and responsibilities)</td>
<td></td>
</tr>
<tr>
<td>As a widow I resumed my maiden surname / previous married surname</td>
<td></td>
</tr>
<tr>
<td>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 (Provide consent of other Parent)</td>
<td></td>
</tr>
<tr>
<td>I assumed my parent(s) surname and wish for my child(ren) to assume my surname</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of father / mother / guardian</th>
<th>Date signed</th>
</tr>
</thead>
</table>

I , (full names and surname of father) ______________________________________________________________________________________________________________________________________________

Identity No./Passport No.

and I , (full names and surname of mother) __________________________________________________________________________________________________________________________________________

Identity No./Passport No.

We are the biological parents of (full names and present surname of the child):

<table>
<thead>
<tr>
<th>Identity No./Passport No.</th>
<th>Birthplace</th>
<th>Date</th>
</tr>
</thead>
</table>

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).

<table>
<thead>
<tr>
<th>Signature of Father</th>
<th>Signature of Mother</th>
</tr>
</thead>
</table>

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?

<table>
<thead>
<tr>
<th>Answer: Father</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer: Mother</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Signature of Parent A

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

<table>
<thead>
<tr>
<th>Answer: Father</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer: Mother</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Signature of Parent B

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

<table>
<thead>
<tr>
<th>Answer: Father</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer: Mother</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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 hereon in my presence.

NB: Where thumbprints or marks are being taken it must be certified at all times.

Departmental date stamp

Commissioner of Oaths

Designation

Official’s full name and surname

User ID

Business address

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]

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

<table>
<thead>
<tr>
<th>PARTICULARS OF SPOUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity number</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Present surname</td>
</tr>
<tr>
<td>Forenames (in full)</td>
</tr>
<tr>
<td>Place of birth</td>
</tr>
<tr>
<td>Residential address</td>
</tr>
<tr>
<td>Town / Village</td>
</tr>
<tr>
<td>Code</td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
</tr>
<tr>
<td>Cell phone no.</td>
</tr>
<tr>
<td>E-mail address</td>
</tr>
<tr>
<td>Postal address</td>
</tr>
<tr>
<td>Province</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTICULARS OF CHILDREN (only minor biological or adopted children may be included)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forenames in full and surname</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
</tbody>
</table>

Signature of applicant ____________________________________________________________________________

Signature of spouse (if applicable) ____________________________________________________________________________

Date signed ____________________________________________________________________________ Date signed ____________________________________________________________________________

PART C: AMENDMENT OF BIRTH REGISTRATION OF A CHILD BORN OUT OF WEDLOCK

[Section 11(1) of the Births and Deaths Registration Act 51 of 1992]

WE ARE THE NATURAL PARENTS OF THE FOLLOWING CHILD (BORN OUT OF WEDLOCK)

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Registered Surname</th>
<th>Date of Birth</th>
<th>Forenames (in full)</th>
<th>Place of Birth</th>
<th>Postal address</th>
</tr>
</thead>
</table>

We have been married to each other since ____________________________________________________________________________ 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.

DECLARATION

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.

Signature of father ____________________________________________________________________________

Signature of mother ____________________________________________________________________________

COMMISSIONER OF OATHS

1. 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 ____________________________________________________________________________

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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.

......................................................................................................
Surname

Forenames

Business address

......................................................................................................
Commissioner of Oaths

......................................................................................................
Designation (Rank)

PART D: CHANGE OF FORENAME
(Section 24 of Act 51 of 1992)

STATE THE FORENAME(S) IN FULL AS IT SHOULD BE AFTER THE ALTERATION:

STATE THE REASONS FOR THE CHANGE OF FORENAME(S)

Date signed Y Y Y Y M M M M M M M M M D D

Signature of Applicant

PART E: INSERTION OF 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 signed by the BIOLOGICAL PARENTS of the child born out of wedlock in BLACK INK with BLOCK LETTERS.

DECLARATION BY NATURAL FATHER
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 father of the child referred to in A overleaf; 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, 1992.

Signed at ................................................................. on this .................. day of .............................................................

Signature ..................................................................................

DECLARATION BY NATURAL MOTHER
I, the undersigned, hereby declare that:

• I am the person whose particulars appear under B 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 C 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, 1992.

Signed at ................................................................. on this .................. day of .............................................................

Signature ..................................................................................
PART F: VERIFICATION, SUPPLEMENTATION OR RECTIFICATION OF PERSONAL PARTICULARS

[Section 7(2) of the Births and Deaths Registration Act 51, 1992]

THIS APPLICATION IS FOR MYSELF □ OR FOR MY MINOR CHILD □

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

□ Surname Rectification  □ Date of birth Rectification  □ Rectification of sex description  □ False registration (particulars of incorrect parents recorded on the birth register)

□ Alteration of sex description (in terms of Act 49 of 2003)  □ Parents’ particulars  □ Forename Rectification  □ Place of birth Rectification

□ Amplification of birth registration

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.

CURRENT PARTICULARS OF APPLICANT

Identity number

Date of birth YYYYMMDD

Surname

Forenames (in full)

Place of birth

Residential address: Street

Town / Village Code

Telephone no., incl. area code Cell phone Province

E-mail address

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.

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 of to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992)

Signature of deponent Date signed YYYYMMDD

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:

1.1 Do you know and understand the contents of this declaration?

1.2 Do you have any objection to taking the prescribed oath?

1.3 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 / thumb-print / mark was placed thereon in my presence.

Surname

Forenames in full

Business address Street

Town / Village Code

Commissioner of Oaths Designation / Rank

Date signed YYYYMMDD

This gazette is also available free online at www.gpwnonline.co.za
# PART G: RECORDING OF ADOPTION

[Only for use by the adoptive parents]

<table>
<thead>
<tr>
<th>G1. WE ARE THE ADOPTIVE PARENTS OF THE FOLLOWING CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity number</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Fornames (in full)</td>
</tr>
<tr>
<td>Place of birth</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>G2. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICATION RECEIVED BY:</td>
</tr>
<tr>
<td>Surname</td>
</tr>
<tr>
<td>Fornames in full</td>
</tr>
<tr>
<td>User ID</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Signature

Documents submitted with this application:

- Birth certificate
- Copy of adoption order
- Other, specify .................................................................
- Proof of payment

Stamp
## PART H

### H1. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT’S PARTICULARS

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

<table>
<thead>
<tr>
<th>Previous particulars</th>
<th>Particulars after correction or alteration</th>
<th>Date corrected or altered</th>
<th>Reason for correction or alteration</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DECLARATION**

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.

---

**Signature of father**

**Signature of mother**

**COMMISSIONER OF OATHS**

1. 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**

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.

---

**Signature of informant**

**Forenames**

**Business address**

**Commissioner of Oaths**

**Designation (Rank)**

**Office Stamp**

---

### H2. FOR OFFICIAL USE ONLY - HEAD OFFICE

**RECOMMENDATION**

<table>
<thead>
<tr>
<th>Recommended</th>
<th>Not Recommended</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surname**

**Forenames in full**

**User ID**

**Signature**

**Rank**

**DECISION**

<table>
<thead>
<tr>
<th>Approved</th>
<th>Refused:</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Surname**

**Forenames in full**

**User ID**

**Signature**

**Rank**
### PROOF OF BIRTH

**Republic of South Africa**

**Department of Home Affairs**

**Annexure 1A**

**DHA-24/PB**

The form must be completed in **BLACK INK** with **BLOCK LETTERS** for each child.

#### A. PARTICULARS OF HEALTH PRACTITIONER WHO ATTENDED THE BIRTH

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>HPCSA/SANC Reg no.</th>
<th>Telephone no.</th>
<th>Cell phone no.</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** If birth occurred at a place other than a Hospital or Medical Facility, specify place of birth and estimated time.

#### Health Facility Stamp

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

<table>
<thead>
<tr>
<th>Identity No./Passport No.</th>
<th>Citizenship</th>
<th>Date of birth (write month in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>Previous/Maiden Surname</th>
<th>Forenames in full</th>
<th>Physical address: Street</th>
<th>Town / Village</th>
<th>Postal Code</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone no.</th>
<th>Cell No.</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Identity No./Passport No.</th>
<th>Citizenship</th>
<th>Date of birth (write month in full)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>Physical address: Street</th>
<th>Town / Village</th>
<th>Postal Code</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone no.</th>
<th>Cell No.</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### D. PARTICULARS OF CHILD

<table>
<thead>
<tr>
<th>Date of birth (write month in full)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>Place of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 1 Time</th>
<th>Child 2 Time</th>
<th>Child 3 Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 4 Time</th>
<th>Child 5 Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 6 Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

* If twins or more, provide time of birth for each child. For each child, complete separate (DHA-24/PB) and submit all forms together.
Annexure 1B

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

CHILD
Surname: ___________________________________________________

Forenames: _________________________________________________

Date of Birth 
(YYYY/MM/DD)

INFORMANT
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

LEFT THUMB              RIGHT THUMB
## APPLICATION FOR A BIRTH CERTIFICATE - LRB
(AFTER 30 DAYS)

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

- [Section 9](#)

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.

### PART A

#### Date of application

<table>
<thead>
<tr>
<th>Date of application</th>
<th>After 30 days</th>
<th>After 1 year</th>
</tr>
</thead>
</table>

#### A1. DETAILS OF THE CHILD

<table>
<thead>
<tr>
<th>Surname as at birth</th>
<th>Forenames in full</th>
<th>Date of birth</th>
<th>Sex:</th>
<th>Place of birth: City/Town</th>
<th>Province</th>
<th>Country of birth</th>
<th>Postal code</th>
<th>Are the parents of the child married to each other?</th>
<th>Date of marriage</th>
<th>Telephone no., incl. area code</th>
<th>Child 1: Time</th>
<th>Child 3: Time</th>
<th>Child 5: Time</th>
<th>Child 2: Time</th>
<th>Child 4: Time</th>
<th>Child 6: Time</th>
</tr>
</thead>
</table>

#### 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

### A2. DETAILS OF MOTHER (PARENT A)

<table>
<thead>
<tr>
<th>ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No.</th>
<th>Date of birth</th>
<th>Surname</th>
<th>Previous / Maiden surname</th>
<th>Forenames in full</th>
<th>Place of birth: City/Town</th>
<th>Province</th>
<th>Residential address Street</th>
<th>Town/Village</th>
<th>Town/Village</th>
<th>Residential address</th>
<th>Telephone no., incl. area code</th>
<th>Cell phone no.</th>
<th>Postal code</th>
<th>E-mail address</th>
<th>Citizenship</th>
</tr>
</thead>
</table>

### A3. DETAILS OF FATHER (PARENT B)

<table>
<thead>
<tr>
<th>ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No.</th>
<th>Date of birth</th>
<th>Surname</th>
<th>Previous / Maiden surname</th>
<th>Forenames in full</th>
<th>Place of birth: City/Town</th>
<th>Province</th>
<th>Residential address Street</th>
<th>Town/Village</th>
<th>Town/Village</th>
<th>Residential address</th>
<th>Telephone no., incl. area code</th>
<th>Cell phone no.</th>
<th>Postal code</th>
<th>E-mail address</th>
<th>Citizenship</th>
</tr>
</thead>
</table>

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

This gazette is also available free online at [www.gponline.co.za](http://www.gponline.co.za)
### A4. DECLARATION/ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK

The applicant is required to fill in the details of the child and the parent(s) acknowledging paternity. The application must be signed by both the applicant and the child's mother.

<table>
<thead>
<tr>
<th>ID No. / Passport No. / PR/ Refugee/ Asylum Seeker No.</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mother's consent to the acknowledgement of paternity

<table>
<thead>
<tr>
<th>ID No. / Passport No. / PR/ Refugee/ Asylum Seeker No.</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A5. DETAILS OF THE APPLICANT**

Include details such as ID number, passport number, place of birth, and more.

<table>
<thead>
<tr>
<th>ID No. / Passport No. / PR/ Refugee/ Asylum Seeker No. if foreigner</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Surname

<table>
<thead>
<tr>
<th>Previous/Maiden surname</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fornames in full

<table>
<thead>
<tr>
<th>Place of birth:</th>
<th>Country of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>Province</td>
</tr>
</tbody>
</table>

Telephone no., incl. area code

<table>
<thead>
<tr>
<th>Citizenship</th>
<th>Permit no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to the child

<table>
<thead>
<tr>
<th>Relationship to the child</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother / Parent A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father / Parent B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next of kin, please specify

Legal guardian

Social worker, provide case no.

<table>
<thead>
<tr>
<th>Legal guardian</th>
<th>Social worker</th>
<th>Case no.</th>
</tr>
</thead>
</table>

**A6. DECLARATION BY APPLICANT**

The applicant must declare the information provided is true and correct.

<table>
<thead>
<tr>
<th>Relationship to the child</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother / Parent A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father / Parent B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next of kin

Legal guardian

Social worker

**A7. PARTICULARS OF A PERSON WHO WITNESSED THE BIRTH (for birth that occurred at a place other than a Health Institution)**

Include details of the witness and their relationship to the child.

<table>
<thead>
<tr>
<th>ID No. / Passport No. / PR/ Refugee/ Asylum Seeker No.</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Surname

<table>
<thead>
<tr>
<th>Previous/Maiden surname</th>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fornames in full

<table>
<thead>
<tr>
<th>Physical address</th>
<th>Place of birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>Province</td>
</tr>
</tbody>
</table>

Telephone no., incl. area code

<table>
<thead>
<tr>
<th>E-mail address</th>
<th>Relationship to Mother / Parent A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DECLARATION BY PERSON WHO WITNESSED THE BIRTH**

The witness must declare the information provided is true and correct.

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Mother / Parent A

Child (15 years or older)

This gazette is also available free online at [www.gpwonline.co.za](http://www.gpwonline.co.za)
A8

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

<table>
<thead>
<tr>
<th>LEFT</th>
<th>RIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A9. 7 years and above

Photo of the CHILD only
No photo required for informant
No photo is required where the child is younger than 7 years

**FINGERPRINTS FOR THE NOTICE OF BIRTH**

**DO NOT PHOTOCOPY**

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.

<table>
<thead>
<tr>
<th>FINGERPRINTS OF:</th>
<th>CHILD/ADULT</th>
<th>INFORMANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL PARTICULARS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forenames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth (YY/MM/DD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFORMANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forenames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identity No./Passport No.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FINGERPRINTS TAKEN BY:** PLEASE PRINT FULL NAME

**PERSONAL 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

LEFT THUMB   RIGHT THUMB
### A10. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

**APPLICATION RECEIVED AND VERIFIED BY:**

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Identity number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>User ID</th>
</tr>
</thead>
</table>

### DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK

- [ ] Proof of Birth Form (DHA-24/PB)
- [ ] Each page of Affidavit is initialled by informant and Commissioner of Oaths
- [ ] Certified copy of Applicant’s ID
- [ ] Certified copy of court order (abandoned/ orphaned children) / Legal guardian
- [ ] Certified copy of death certificate (if applicable)
- [ ] Certified copy of birth certificate of the child
- [ ] Copy of Foreign birth certificate
- [ ] Original ID document of informant was presented
- [ ] Marriage certificate of the parents (copy)
- [ ] Citizenship determination Form DHA-529 (Child)
- [ ] Citizenship determination Form DHA-529 (SA Parent)
- [ ] Certified copy of death certificate (if applicable)
- [ ] Certified copy of Social Worker’s Registration Certificate

Online verification performed and printouts attached for following persons:

- [ ] Mother (Parent A)
- [ ] Father (Parent B)
- [ ] Applicant
- [ ] Next of Kin
- [ ] Person whose birth is sought to be registered
- [ ] Person who witnessed birth

Please enter the barcode numbers of the fingerprint verification forms:

(DHA-24/A) of the Applicant:

### A11. VERIFIED BY SUPERVISOR - OFFICE OF ORIGIN:

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Persal Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

Application is complete and all required documents are attached

Fingerprints are taken correctly

### A12. FOR OFFICIAL USE ONLY

RESERVED FOR THE SECTION THAT ALLOCATES THE ID NUMBER

Capturing date

<table>
<thead>
<tr>
<th>Initials and surname</th>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Persal Number</th>
</tr>
</thead>
</table>

### PART B

B. DETAILS OF LIFE EVENTS OF THE CHILD

#### B1. INSTITUTION OF BIRTH - COMPULSORY

<table>
<thead>
<tr>
<th>Place of birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of place of birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Full address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone no., incl. area code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact person’s name and surname</th>
</tr>
</thead>
</table>

#### B2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD / PERSON TO BE REGISTERED

<table>
<thead>
<tr>
<th>Institution name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone no., incl. area code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact person’s name and surname</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of ceremony (YYYYMMDD)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of ceremony</th>
</tr>
</thead>
</table>
### B3. PRE-SCHOOL OR CRECHE ATTENDED

<table>
<thead>
<tr>
<th>Institution name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact address</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>Town/Village</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
<td></td>
</tr>
<tr>
<td>Cell phone no.</td>
<td></td>
</tr>
<tr>
<td>Postal code</td>
<td></td>
</tr>
<tr>
<td>Contact person’s name and surname</td>
<td></td>
</tr>
<tr>
<td>Period of attendance (YYYYMMDD)</td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
</tbody>
</table>

### B4. PRIMARY SCHOOL ATTENDED

<table>
<thead>
<tr>
<th>Name of school</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact address</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>Town/Village</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
<td></td>
</tr>
<tr>
<td>Cell phone no.</td>
<td></td>
</tr>
<tr>
<td>Postal code</td>
<td></td>
</tr>
<tr>
<td>Contact person’s name and surname</td>
<td></td>
</tr>
<tr>
<td>Period of attendance (YYYYMMDD)</td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
<tr>
<td>Grade at admission</td>
<td></td>
</tr>
<tr>
<td>Highest grade passed</td>
<td></td>
</tr>
</tbody>
</table>

### B5. SECONDARY SCHOOL ATTENDED

<table>
<thead>
<tr>
<th>Name of school</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact address</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>Town/Village</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
<td></td>
</tr>
<tr>
<td>Cell phone no.</td>
<td></td>
</tr>
<tr>
<td>Postal code</td>
<td></td>
</tr>
<tr>
<td>Contact person’s name and surname</td>
<td></td>
</tr>
<tr>
<td>Period of attendance (YYYYMMDD)</td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
<tr>
<td>Grade at admission</td>
<td></td>
</tr>
<tr>
<td>Highest grade passed</td>
<td></td>
</tr>
</tbody>
</table>

### B6. TERTIARY INSTITUTION ATTENDED

<table>
<thead>
<tr>
<th>Name of institution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact address</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>Town/Village</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
<td></td>
</tr>
<tr>
<td>Cell phone no.</td>
<td></td>
</tr>
<tr>
<td>Postal code</td>
<td></td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
</tr>
<tr>
<td>Contact person’s name and surname</td>
<td></td>
</tr>
<tr>
<td>Period of attendance (YYYYMMDD)</td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
<tr>
<td>Course</td>
<td></td>
</tr>
<tr>
<td>Qualification obtained</td>
<td></td>
</tr>
</tbody>
</table>
### B7. Employment Record - The Most Recent Employer

<table>
<thead>
<tr>
<th>Employer</th>
<th>Physical address</th>
<th>Town/Village</th>
<th>Province</th>
<th>Postal address</th>
<th>Province</th>
<th>Postal code</th>
<th>Telephone no., incl. area code</th>
<th>Cell phone no.</th>
<th>Contact person's name</th>
<th>Period of employment (YYYYMMDD)</th>
<th>From</th>
<th>To</th>
<th>Nature of work performed</th>
</tr>
</thead>
</table>

### B8. Reference Person to the Child - Compulsory

<table>
<thead>
<tr>
<th>The reference to the birth is</th>
<th>Witness to the birth</th>
<th>Family member</th>
<th>Legal guardian</th>
<th>Pastor/Priest</th>
<th>Tribal authority</th>
<th>Social worker</th>
<th>Person who raised the person</th>
<th>Other, please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of birth (YYYY/MM/DD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous/Maiden surname</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forenames in full</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical address</td>
<td>Street</td>
<td></td>
<td>Province</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postal address</td>
<td></td>
<td></td>
<td>Province</td>
<td>Postal code</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered place of birth</td>
<td></td>
<td></td>
<td></td>
<td>Country of birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### PART C

#### C1. Details of the Parent/Next of Kin/Legal Guardian

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Citizenship</th>
<th>Date of birth (YYYY/MM/DD)</th>
<th>Surname</th>
<th>Previous/Maiden surname</th>
<th>Forenames in full</th>
<th>Place of birth</th>
<th>Country of birth</th>
<th>Current contact address</th>
<th>Town/Village</th>
<th>Province</th>
<th>Telephone no., incl. area code</th>
<th>Cell phone no.</th>
<th>E-mail address</th>
<th>Postal address</th>
<th>Province</th>
<th>Postal code</th>
<th>Relationship to the child:</th>
<th>Are you listed on the sexual offenders register?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mother/Parent A</td>
<td>Father/Parent B</td>
</tr>
</tbody>
</table>

Are you listed on the sexual offenders register: Yes No If yes, specify.
### C2. DETAILS OF THE CHILD

<table>
<thead>
<tr>
<th>Surname as at birth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Forenames in full</td>
<td></td>
</tr>
<tr>
<td>Date of birth YYYYMMDD</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Place of birth</td>
<td></td>
</tr>
<tr>
<td>Contact number</td>
<td></td>
</tr>
</tbody>
</table>

### C3. COMPULSORY FOR THE NOTICE GIVEN AFTER 30 DAYS

I, ..........................................................................................................................

declare that I wish to 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.

### C4. 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

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
Designation (rank)
Persal number
Business Address
Area code
Place
Date
C5. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

Notice of birth and affidavit received by:

Surname
Forenames
Persal number
Signature

Date

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

FOR OFFICE USE ONLY

APPLICATION FOR A BIRTH CERTIFICATE (AFTER 30 DAYS) - LRB

Allocated Identity Number

Identity Number Applicant

User ID

Signature
UNABRIDGED

BIRTH CERTIFICATE

IDENTITY NUMBER:

CHILD:
SURNAME:
FORENAMES:

GENDER:
PLACE OF BIRTH:
COUNTRY 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

OFFICIAL DATE STAMP:

DATE PRINTED:

ISSUED BY:

This gazette is also available free online at www.gpwonline.co.za
CONFIRMATION OF BIRTH
(For non-South African citizens)

[Births and Deaths Registration Act 51 of 1992]
Section 9, Regulation 7(2) and 8(5)
Annexure 5

ISSUED WITHOUT ERRORS OR ALTERATIONS

Note: This is not a birth certificate. PLEASE register the birth of the child listed in this confirmation of birth in your country of citizenship. It is the responsibility of the parent(s) to obtain a passport for the child from their country of origin/Nationality and thereafter apply for a Visa/Permit for the child to sojourn in RSA.

A. PARTICULARS OF CHILD

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>Date of birth</th>
<th>Place of birth: City/Town</th>
<th>Country of Birth</th>
</tr>
</thead>
</table>

Sex: [ ] Male [ ] Female

(write month in full)

B. PARTICULARS OF MOTHER / PARENT A

<table>
<thead>
<tr>
<th>Passport No / ID No.</th>
<th>Date of birth</th>
<th>PR Permit No.</th>
<th>Surname</th>
<th>Maiden/Previous surname</th>
<th>Forenames in full</th>
<th>Place of birth: City/Town</th>
<th>Country of birth</th>
<th>Nationality</th>
</tr>
</thead>
</table>

C. PARTICULARS OF FATHER / PARENT B

<table>
<thead>
<tr>
<th>Passport No / ID No.</th>
<th>Date of birth</th>
<th>PR Permit No.</th>
<th>Surname</th>
<th>Forenames in full</th>
<th>Place of birth: City/Town</th>
<th>Country of birth</th>
<th>Nationality</th>
</tr>
</thead>
</table>

D. ENDORSEMENTS

__________________________
Director-General

__________________________
Office Stamp
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

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.......................................................................................................................
### 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. Death  
   - [X] 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

- [ ] Y Y Y Y M M D D

#### 4. Place 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

- [ ] 5.1 Place of Registration of Death / stillbirth (City / Town / Village)
- [ ] 5.2 Province 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. Private

11. Citizenship

12. Surname

13. Previous / Maiden Surname

14. Forenames

15. Usual Residential Address:  
   - [ ] Street
   - [ ] Town
   - [ ] Province
   - [ ] Postal code

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

17. Marital Status of the deceased

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

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

20. Type of business / industry:

21. Was the deceased a regular** smoker five years ago? (mark with a [x])  
   - [ ] 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.
NOTICE OF DEATH / STILLBIRTH

[Regulations 11 and 14

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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

20.1 I, the undersigned, hereby certify that the deceased named in Section A, is in the best of my knowledge and belief, died solely and exclusively due to Natural Causes.

20.2 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:

24. Surname
25. Forenames
26. Name of Health Facility / Practice
28. Business Address: Street
29. Office Address: Street
30. Telephone No. (Office)
31. Date of Post-mortem
32. Name of Medico-legal Mortuary / Mortuary
33. Mortuary No.
34. Mortuary Reference Number of Deceased
35. SAPS Case No.
36. Name of Police Station
37. HPCSA Registration No.
38. Forenames
39. Surname
40. Identity No. (Passport No. if foreigner)
41. Date of Birth
42. Citizenship
43. Surname
44. Forenames
45. Residential Address: Street
46. Telephone No. (Home)
47. Date of death
48. Identity No. (Passport No. if foreigner)
49. Date of Birth
50. Citizenship
51. Forenames
52. Surname
53. Residential Address: Street
54. Telephone No. (Home)
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.

<table>
<thead>
<tr>
<th>Details of Funeral Undertaker or Authorised Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>51. Identity No. (Passport No. if foreigner)</td>
</tr>
<tr>
<td>52. Surname</td>
</tr>
<tr>
<td>53. Forenames</td>
</tr>
<tr>
<td>54. Business Address</td>
</tr>
<tr>
<td>55. Telephone No. (Office)</td>
</tr>
<tr>
<td>56. Date of Cremation (if applicable)</td>
</tr>
<tr>
<td>57. Place of Burial (City / Town / Village)</td>
</tr>
<tr>
<td>58. Date of Death</td>
</tr>
<tr>
<td>59. Grave No. (if applicable)</td>
</tr>
<tr>
<td>60. Identity No. (Passport No. if foreigner)</td>
</tr>
<tr>
<td>61. Surname</td>
</tr>
<tr>
<td>62. Forenames</td>
</tr>
</tbody>
</table>

### F. FOR OFFICIAL USE ONLY

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

<table>
<thead>
<tr>
<th>Documents included with this notice:</th>
</tr>
</thead>
<tbody>
<tr>
<td>copy of the deceased’s ID</td>
</tr>
<tr>
<td>copy of ID document of the informant</td>
</tr>
</tbody>
</table>

DHA-1663 was submitted by:

<table>
<thead>
<tr>
<th>Office stamp of DHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHA-1663 A</td>
</tr>
<tr>
<td>DHA-1663 A</td>
</tr>
<tr>
<td>DHA-1663 A</td>
</tr>
</tbody>
</table>
### Part 1

- **6. Forenames**: [Enter forenames]
- **7. Surname**: [Enter surname]
- **8. Gender**: 68.1 Male 68.2 Female 68.3 Indeterminable
- **9. Identity No. (Passport No. if foreign)**: [Enter identity number]
- **10. Contact Person at Facility**: [Enter name]
- **11. Address**: [Enter address]
- **12. Contact Telephone No. incl. Area Code**: [Enter contact number]
- **13. Name of Health Facility/Practice**: [Enter name]
- **14. Role/Rank**: [Enter role/rank]

### Part 2

- **15. Date of Birth**: Y Y Y Y M M D D
- **16. Birth weight (in grams)**: [Enter birth weight]
- **17. Outcome of last previous pregnancy (tick one):**
  - 84.1 Live birth
  - 84.2 Stillbirth
  - 84.3 Abortion

### Part 3

- **18. Number of previous pregnancies resulting in:**
  - 83.1 Live births
  - 83.2 Still births
  - 83.3 Abortions

### Part 4

- **19. Outcome of last present pregnancy (tick one):**
  - 84.1 Live birth
  - 84.2 Stillbirth

### Part 5

- **20. Type of death**: 89.1 Still birth 89.2 Live birth

### Part 6

- **21. Antenatal care two or more visits**: 94.1 Yes 94.2 No 94.3 Unknown

### Part 7

- **22. Method of delivery**: 87.1 Spontaneous 87.2 Forceps delivery 87.3 Foetoscopy and rotation

### Part 8

- **23. If delivery was preceded by labour**:
  - 85.1 Single birth
  - 85.2 First twin
  - 85.3 Second twin
  - 85.4 Other (specify)

### Part 9

- **24. Birth examined by**: 95.1 Medical Practitioner 95.2 Professional Nurse

### Part 10

- **25. IMEDIATE CAUSE**: [Enter immediate cause]
- **26. UNDERLYING CAUSE**: [Enter underlying cause]

### Part 11

- **27. First day of last menstrual period**: Y Y Y Y M M D D

### Part 12

- **28. If death occurred within 24 hours after birth, number of hours alive**: [Enter number of hours]

### Part 13

- **29. Name of professional who ascertained cause of death**: [Enter name]
- **30. Certificate No.**: [Enter certificate number]

### Part 14

- **31. Cause of death**:
  - 96.1 Certified causes of death has been confirmed by autopsy
  - 96.2 Autopsy information may be available later
  - 96.3 Autopsy not performed

---

**Instructions**:
- Enter the causes, 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.
- Enter one cause on the immediate cause line and one cause on the underlying cause line.
- 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. Sequentially list conditions, if any, leading to immediate cause.
- 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.
- Approximate interval between onset and death (Days / Months / Years)
- 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.
- 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.
## DEATH REPORT BY AUTHORISED PERSON

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

**Section 14(1)(b)**

To be completed in full and submitted at the Department of Home Affairs' office by the PERSON AUTHORISED by the Director-General where the medical practitioner has not certified the cause of death. The form must be completed in **BLACK INK** with **BLOCK LETTERS** and the fingerprints must be attached to the relevant space. Please mark the CORRECT box with **R**, where required. All fields are **COMPULSORY**. Incomplete, unclear and unreadable applications are invalid.

### A. PARTICULARS OF DECEASED

- **Identity number (passport if foreigner)**
- **Date of birth**
- **Citizenship**
- **Surname**
- **Previous/Maiden surname**
- **Forenames**
- **Place of death:**
  - **Town**
  - **Province**
- **Residential address:**
  - **Street**
  - **Town**
  - **Province**
- **Telephone no. (home)**
- **Martial status**
  - Single
  - Married
  - Widowed
  - Divorced
- **Education level of deceased, Specify only the highest class**
  - No
  - Gr R
  - Gr 1
  - Gr 2
  - Gr 3
  - Gr 4
  - Gr 5
  - Gr 6
  - Gr 7
  - Gr 8
  - Form 1
  - Form 2
  - Form 3
  - Form 4
  - Form 5
  - Form 6
  - Form 7
  - Form 8
  - Form 9
  - Form 10
  - Form 11
  - Form 12
  - Univ Tech
  - Unknown
- **Usual occupation of deceased: work done during most of working life**
- **Type of business / industry:**
- **Was the deceased a smoker five (5) years before death?**
  - Yes
  - No
  - Do not know
  - Not applicable (minor)

### B. CAUSE OF DEATH

*Completed by informant*

1. **Provide full description of circumstances that led to the cause of death**

2. **Was the deceased ill immediately before his / her death?**

3. **If yes, for how long?**

4. **What was the nature of the illness?**

### C. PARTICULARS OF INFORMANT

*Completed by informant*

- **Identity number (passport if foreigner)**
- **Date of birth**
- **Citizenship**
- **Surname**
- **Previous / Maiden surname**
- **Forenames**
- **Residential address:**
  - **Street**
  - **Town**
  - **Province**
- **Telephone number (home)**
- **Cell phone no.**
- **Relationship to the deceased:**
  - Parent
  - Spouse
  - Daughter /Son
  - Other

I, the undersigned, hereby declare under oath that I was present at the death of the person whose particulars appear in Part A and have accordingly informed the authorised person whose particulars appear in Part D and that the information submitted in this form and supporting documents is true and correct. I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

**Signature**

**Date signed**

**Place signed**

---

This gazette is also available free online at [www.gpwonline.co.za](http://www.gpwonline.co.za)
D. DECLARATION BY AUTHORISED PERSON

I, the undersigned, hereby declare that: (choose the applicable option)

a) I was present at the above mentioned death / saw the body.

b) I did not witness the death and did not see the body. The certificate is issued in good faith, as informed by the person whose particulars appear in Part C.

c) The information furnished in Parts A and B is to the best of my knowledge and belief true and correct.

d) A medical practitioner has not certified the cause of death as, one was not available to do so.

Was the deceased a female person known to be pregnant? [ ] Yes [ ] No [ ] Don’t know

I, the undersigned, hereby declare under oath that the information submitted in this form and supporting documents are to the best of my 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.

Signature ___________________________ Date signed ____________

E. PARTICULARS OF AUTHORISED PERSON

I, the undersigned, hereby certify that the information provided above is to the best of my knowledge and belief true and correct

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Date of birth</th>
<th>Surname</th>
<th>Forenames</th>
<th>Designation no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential address</th>
<th>Street</th>
<th>Town</th>
<th>Province</th>
<th>Postal code</th>
<th>Telephone number (office)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cellphone no.</th>
<th>E-mail address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature ___________________________ Place signed ___________________________

F. FORM DELIVERED TO HOME AFFAIRS OFFICE BY

<table>
<thead>
<tr>
<th>Identity no. (passport if foreigner)</th>
<th>Surname</th>
<th>Forenames</th>
<th>Relationship to the deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Parent</td>
</tr>
</tbody>
</table>

G. FOR OFFICIAL USE ONLY

The information stated above has been verified by

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames</th>
<th>Persal no.</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Status [ ] Approved [ ] Need investigation

Signature ___________________________ Date signed ____________

Documents included with this application:

- Original ID of Deceased
- Copy of ID document of the informant
- Copy of ID of Authorised Person
- Copy of Authorisation Letter issued to Authorised Person
### A. PARTICULARS OF DECEASED

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Date of birth</th>
<th>Passport number (if foreigner)</th>
<th>Date of death</th>
<th>Citizenship</th>
<th>Sex</th>
<th>Surname</th>
<th>Previous or Maiden surname</th>
<th>Forenames</th>
<th>Place of death: City/Town</th>
<th>Province</th>
<th>Residential address: Street</th>
<th>Town / Village</th>
<th>Code</th>
</tr>
</thead>
</table>

### B. PARTICULARS OF INFORMANT

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Date of birth</th>
<th>Passport number (if foreigner)</th>
<th>Citizenship</th>
<th>Surname</th>
<th>Previous or Maiden surname</th>
<th>Forenames</th>
<th>Residential address: Street</th>
<th>Town / Village</th>
<th>Province</th>
<th>Code</th>
<th>Telephone no., incl. area code</th>
<th>Cell phone no.</th>
<th>E-mail address</th>
</tr>
</thead>
</table>

### C. FOR OFFICIAL USE ONLY

It is hereby certified that the death of the person whose particulars appear in Part A has been reported.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames</th>
<th>Persal No.</th>
<th>Signature</th>
<th>Date signed</th>
</tr>
</thead>
</table>

DHA Office stamp

NB. This document is not a death certificate. At the registration of the death, a death certificate will be issued to the informant.
**Annexure 9**

**BURIAL ORDER**

[Births and Deaths Registration Act 51 of 1992]

---

**A. PARTICULARS OF DECEASED**

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Date of birth</th>
<th>Passport number (if foreigner)</th>
<th>Date of death</th>
<th>Citizenship</th>
<th>Sex</th>
<th>Surname</th>
<th>Previous or Maiden surname</th>
<th>Forenames</th>
<th>Place of death: City/Town</th>
<th>Province</th>
<th>Place of burial: City/Town</th>
<th>Province</th>
<th>Cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Natural</td>
</tr>
</tbody>
</table>

**B. AUTHORITY FOR BURIAL OF CORPSE**

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

**C. FOR OFFICIAL USE ONLY**

Registration of death approved and burial order issued. DNA-1663 received by (particulars of DHA official):

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames</th>
<th>Persal No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documents included with this notice:  
- Copy of deceased's ID passport
- Copy of ID document/passport of the informant

DNA-1663 was submitted by:  
- Informant
- Funeral Undertaker

Identity Number of Recipient:  
- Identity number

If Funeral Undertaker:  
- Designation number

Signature of recipient:  

DHA Office stamp

---

Barcode
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

This gazette is also available free online at www.gpwonline.co.za
### A. PARTICULARS OF THE STILL BORN CHILD

<table>
<thead>
<tr>
<th>Surname of Child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Forenames (if any)</td>
<td></td>
</tr>
<tr>
<td>Date of still birth</td>
<td>YYYY MMMMMMMM M DD</td>
</tr>
<tr>
<td>Place of birth: City/Town</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Province</th>
<th></th>
</tr>
</thead>
</table>

| Gender |  |

### B. PARTICULARS OF DECLARANT

<table>
<thead>
<tr>
<th>Identity number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Forenames</td>
<td></td>
</tr>
<tr>
<td>Residential address: Street</td>
<td></td>
</tr>
<tr>
<td>Town/Village</td>
<td></td>
</tr>
<tr>
<td>Province</td>
<td></td>
</tr>
<tr>
<td>Telephone no., incl. area code</td>
<td></td>
</tr>
<tr>
<td>Cell phone no.</td>
<td></td>
</tr>
<tr>
<td>Postal code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Deceased is my:</th>
<th>Parent</th>
<th>Spouse</th>
<th>Child</th>
<th>Other, Specify</th>
</tr>
</thead>
</table>

### 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: 

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.)

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date YYYY M M DD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity number</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Forenames</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designation (Rank)</th>
<th></th>
</tr>
</thead>
</table>
### A. PARTICULARS OF DECEASED

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Date of birth</th>
<th>Passport number (if foreigner)</th>
<th>Date of death</th>
<th>Citizenship</th>
<th>Sex</th>
<th>Surname</th>
<th>Previous or Maiden surname</th>
<th>Forenames</th>
</tr>
</thead>
</table>

### B. AUTHORITY FOR REMOVAL OF CORPSE

This certificate grants the authority for the removal of the corpse from magisterial district in which the death occurred to a place outside the particular magisterial district.

Order issued by: (tick applicable)

- [ ] SAPS
- [ ] Forensic Pathologist

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames</th>
<th>Force No.</th>
<th>HPCSA No.</th>
</tr>
</thead>
</table>

Telephone No.

Date Signed

Signature

Office Stamp

### C. RECIPIENT OF AUTHORITY OF REMOVAL

(If Funeral Undertaker please provide details of the business)

<table>
<thead>
<tr>
<th>Identity number (passport if foreigner)</th>
<th>Surname</th>
<th>Maiden name</th>
<th>Forename</th>
<th>Name of Funeral Palour</th>
<th>DHA Designation number</th>
<th>Business address: Street</th>
<th>Town</th>
<th>Province</th>
<th>Telephone number</th>
<th>Postal code</th>
</tr>
</thead>
</table>

Telephone no., incl. area code

E-mail address

Relation to the deceased: Parent | Spouse | Funeral undertaker | Other | Specify: |

Signature of recipient

Date received
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
To be completed by the Applicant. The form must be completed in **BLACK INK with BLOCK LETTERS**. Applications that are not legible shall not be accepted.

### A. PARTICULARS OF BUSINESS OWNER (must be the Applicant)

<table>
<thead>
<tr>
<th>Identity number</th>
<th>Date of birth</th>
<th>Left thumbprint of applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous / Maiden Surname</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forenames in full</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Street</td>
<td>Town / Village</td>
</tr>
<tr>
<td>Telephone number</td>
<td></td>
<td>Code</td>
</tr>
<tr>
<td>E-mail address</td>
<td></td>
<td>Fax</td>
</tr>
</tbody>
</table>

### B. PARTICULARS OF BUSINESS

<table>
<thead>
<tr>
<th>Name of business / funeral parlour</th>
<th>Business Reg. No (CIPC)</th>
<th>SARS Reg. No</th>
<th>Address</th>
<th>Street</th>
<th>Town / Village</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Telephone number | Code | Cell phone number | Fax | |
|------------------|------|------------------|-----||
|                  |      |                  |     ||

| E-mail address | |
|----------------||
|                ||

### C. DECLARATION BY BUSINESS OWNER

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.

Signature __________________ Date signed ________ ________ ________

### D. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED BY:

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>Persal number</th>
<th>Date signed</th>
</tr>
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APPLICATION VERIFIED:

STATUS

<table>
<thead>
<tr>
<th>Approved</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

F. APPLICATION VERIFIED:

I __________________________ hereby declare that I have received and verified the application and have approved / rejected* the application. (*) delete whichever is not applicable.

Allocated Designation Number: __________________________

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>Persal number</th>
<th>Signature</th>
<th>Date signed</th>
</tr>
</thead>
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This gazette is also available free online at [www.gpwonline.co.za](http://www.gpwonline.co.za)
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:

- Birth Certificate
- Certified copy of Birth Register (vault copy)
- Death Certificate
- Certified copy of Death Register (vault copy)
- Certified copy of marriage register
- Marriage certificate
- Specify type of marriage

Please provide reasons for applying for this certificate:

---

A. PARTICULARS OF PERSON WHOSE CERTIFICATE IS REQUIRED

<table>
<thead>
<tr>
<th>Identity number/Passport No.</th>
<th>Birth entry number</th>
<th>PR Permit No.</th>
<th>Refugee/Asylum Seeker Permit</th>
<th>Date of Birth</th>
<th>Citizenship</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>Previous/Maiden surname</th>
<th>Forenames in full</th>
<th>Place of birth: City/Town</th>
<th>District/Province of Birth</th>
<th>Country of Birth</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Identity No/Passport No. of Spouse</th>
<th>Date of Marriage/Death</th>
<th>Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Marriage/Death</th>
<th>Place of Marriage/Death</th>
<th>Birth, Death, Marriage Entry No.</th>
<th>Place of Burial: City/Town</th>
<th>District/Province of Death</th>
<th>Country of Death</th>
</tr>
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<tbody>
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</table>

B. PARTICULARS OF APPLICANT

<table>
<thead>
<tr>
<th>Identity number/Passport No.</th>
<th>Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>Forenames in full</th>
<th>Residential address: Street</th>
<th>Town/Village</th>
<th>District/Province</th>
<th>Postal code</th>
</tr>
</thead>
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<thead>
<tr>
<th>Telephone no., incl. area code</th>
<th>Cell phone no.</th>
<th>E-mail address</th>
<th>Postal address</th>
<th>Province</th>
<th>Postal code</th>
</tr>
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<tbody>
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<thead>
<tr>
<th>Relationship to the person concerned:</th>
<th>Mother/Parent A</th>
<th>Father/Parent B</th>
<th>Legal guardian (Attach proof of guardianship)</th>
<th>Husband/Wife</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Social Worker or Authorised Officer, provide case number:</th>
<th>Legal representative (Attach Power of Attorney)</th>
<th>Next of kin: Specify</th>
</tr>
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</table>

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 or both such fine and such imprisonment.

Signature of Applicant: ____________________________ Date: ____________________________
C. DECLARATION / OATH / AFFIRMATION

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

I,_____________________________________________________________(parent(s) / next of kin / legal guardian), hereby declare under oath that the information submitted in this Affidavit and the Application for Birth, Marriage or Death certificate, confirmation of birth and marriage or death register is true and correct, and I understand that a false statement is punishable by law.

Signature of deponent: ________________________________ Date signed: ________________________________

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 to be 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 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.

Office stamp - OFFICE OF ORIGIN

D. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY: DOCUMENTS SUBMITTED: PLEASE TICK

Surname

Forenames in full

Persal No.

Date

Payment received, if applicable

Copy of Identity Document of applicant

Proof of legal guardianship

Power of Attorney

Copy of Passport, incl. visa/permit

Signature Office stamp - OFFICE OF ORIGIN

FOR OFFICE USE ONLY

APPLICATION FOR A COPY OF A CERTIFICATE

Identity Number / Asylum / PR number of a person whose certificate is required

User ID

Signature

DHA-154/132/130

A0000000001

OFFICE DATE STAMP

OFFICE DATE STAMP

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