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## GENERAL NOTICE

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### NOTICE 383 OF 2012

#### DEPARTMENT OF HOME AFFAIRS

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

#### PUBLICATION OF THE DRAFT REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2012

The Department of Home Affairs ("DHA") invites public comments on the draft Regulations on the Registration of Births and Deaths, 2012

Written submissions should reach the DHA **on or before 31 May 2012**. 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 Proes Street, Hallmark Building (c/o Proes and Andries Street), Pretoria, 0001, for **attention** Adv Tsietsi Sebelemetja (Office 1027) ;
- (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](mailto:Tsietsi.Sebelemetja@dha.gov.za) and [Moses.Malakate@dha.gov.za](mailto:Moses.Malakate@dha.gov.za)

Any enquiries should be directed to **Adv Tsietsi Sebelemetja** at **082 907 1831** or **Mr Thomas Sigama** at **082 809 7732**.

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**GOVERNMENT NOTICE**

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**DEPARTMENT OF HOME AFFAIRS**

No. R. \_\_\_\_\_

\_\_\_\_\_ 2012

**BIRTHS AND DEATHS REGISTRATION ACT, 1992****REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2012**

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—

“**funeral undertaker**” means a person who is designated as such in terms of section 22A of the Act;

“**Immigration Act**” means the Immigration Act, 2002 (Act No. 13 of 2002);

“**informant**”, with regard to any information regarding a birth, still-birth or death, means a person who under section 7, 9, 10, 11, 12, 13, 14, 15, 17, 18 or 19 of the Act, has a duty or is authorised to furnish such information;

“**inspectorate**” means the inspectorate established in terms of section 33(1) of the Immigration Act;

“**late registration of birth**” means the notice of birth given after the expiry of 30 days contemplated in section 9(1) of the Act;

“**national population register**” means the population register contemplated in section 5 of the Identification Act, 1997 (Act No. 68 of 1997);

“**proof of notice of death**” means a proof of notice of death contemplated in regulation 11; and

“**the Act**” means the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992).

**Powers and duties of Director-General**

2. Subject to the provisions of the Act, the Director-General shall—

- (a) take charge of, and subject to the provisions of section 6(1) of the Act, preserve all books, registers, forms, notices, records and other documents of which he or she is the custodian of, or which are required to be furnished to him or her, in terms of the Act or these regulations;
- (b) keep in stock forms, certificates, notices and registers 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 and registers to any person contemplated to in section 4(1) of the Act on demand;
- (c) supply persons contemplated to in section 4(1) of the Act and medical practitioners with forms, certificates, notices and registers referred to in paragraph (b); and
- (d) receive from informants and persons referred to in section 4(1) of the Act, the completed registers, forms and notices, accompanied by declarations and certificates, if prescribed, and to verify or cause to be verified the information furnished therein and to cause any deficiencies or inaccuracies appearing therein to be supplemented or rectified.



**Reproduction of documents**

3.(1) Notwithstanding anything to the contrary contained in any law, the Director-General may reproduce or cause to be reproduced any document submitted in terms of this Act or record mentioned in section 15(1)(b) by means of any process in accordance with the regulations which in his opinion accurately and durably reproduces such document or record, and he may preserve or cause to be preserved that reproduction in lieu of such document or record and may destroy such document or record.

(2) A reproduction mentioned in subsection (1) shall, notwithstanding anything to the contrary contained in any law, for all purposes be deemed to be the original document or record from which it was reproduced, and a copy of such reproduction certified to be a true copy of the original by the Director-General shall in any court of law be conclusive proof of the contents of the original document or record.

**REGISTRATION OF BIRTHS****Notice of birth**

4.(1) The notice of birth in terms of Chapter II of the Act shall be given, by the parents, or if deceased, by a legal guardian or next of kin, within 30 days of birth.

(2) A notice of birth contemplated in subregulation (1) shall be made to the Director-General in the form and contain substantially the information set out in Annexure 1A (DHA-24), together with a form containing substantially the information set out in Annexure 2C (DHA-288/B) if applicable.

(3) A late registration of birth shall be given to the Director-General, through the designated Offices of the Department—

- (a) in the form and contain substantially the information set out in Annexure 1B (DHA-24/LRB); and
- (b) accompanied by—
  - (i) an affidavit by the informant, whom shall be a South African citizen with a valid identity document, confirming the identity, status, date and place of birth of the person concerned in the form and containing substantially the information set out in Annexure 2A (DHA-288);
  - (ii) a form containing substantially the information set out in Annexure 2B (DHA-288/A); and
  - (iii) a form containing substantially the information set out in Annexure 2C (DHA-288/B), if applicable;
  - (iv) two recent identity size photos of the person whose notice of birth is being given, in the case of person who is one year and older;
  - (v) a set of fingerprints for the person whose notice of birth is being given, affixed to the appropriate space on Annexure 1B (DHA-24/LRB), in the case of person who is 15 years and older; and
  - (vi) the fingerprints verification results for the informant against the national population register.

(4) A notice of birth of a child born of parents who are not South African citizens, shall, in addition to the requirements set out in subregulations (2) and (3), be accompanied by—

- (a) proof of lawful sojourn in the Republic; and
- (b) copy of passport of the informant.

(5) If a woman gives birth to more than one child during a single confinement, the information concerning the birth of each child shall be given on a separate form (Annexure 1A (DHA-24) or Annexure 1B (DHA-24/LRB), as the case may be, and the exact time or hour (if known) of each birth shall be recorded on such form.

(6) An acknowledgement of receipt of a notice of birth referred to in section 9(5) of the Act shall be in the form and contain substantially the information set out in Annexure 3 (DHA-25).

(7) Completed notices of birth received by the head of a South African mission shall be forwarded to the Director-General.

**Registration of births**

5.(1) If a notice of birth is given to the Director-General, the birth shall be registered in terms of section 5(2) of the Act if the information of the parents in the notice corresponds with that of the parents included in the national population register, and a birth certificate in a form containing substantially the information set out in Annexure 4 (DHA-5) may be issued to the informant.

(2) If a notice of birth of a child born of parents whose information is not included in the national population register is given to the Director-General, the birth shall be registered in terms of section 5(3) of the Act and the informant shall be issued with an unabridged birth certificate without an identity number.

(3) The Director-General shall in respect of each notice of birth received in terms of regulation 4(7), determine the citizenship of a person in accordance with the provisions of the South African Citizenship Act, 1995 (Act No. 88 of 1995), and if such person is a South African citizen, register the birth in terms of section 5(2) of the Act and issue a birth certificate to the informant.

(4) The determination of citizenship status as contemplated in subregulation (3) shall be made on the information submitted by the informant in the form of Annexure 5 (DHA-529).

(5) The Director-General shall in respect of each notice of birth contemplated in regulation 4(2) authenticate the veracity of the information furnished to him or her for the registration of birth and—

- (i) take full set of fingerprints of the informant;
- (ii) verify the fingerprints of the informant against the national population register;
- (iii) conduct background check on the person whose birth is being given notice of; and
- (iv) interview the informant, where necessary; and
- (v) immediately register the birth in accordance with regulation 5(1) or (2), as the case may be and issue a birth certificate in a form and contain substantially the information set out in Annexure 4 (DHA-5).

(7) When considering a notice for late registration of birth contemplated in regulation 4(3), the Director-General shall adhere to the following procedure:

(a) In respect of a person who is 31 days and older up to and including the age of one year—

- (i) take full set of fingerprints of the informant;
- (ii) verify the fingerprints of the informant against the national population register;
- (iii) request reasons for the late notice of birth in the form and containing substantially the information set out in Annexure 2B (DHA-288/A);
- (iv) request the informant to pay the applicable fee;
- (v) authenticate the veracity of the information furnished to him or her, including the information relating to the health facility or place where the child was born;
- (vi) interview the informant through a local screening committee established by him or her; and
- (vii) register the birth in accordance with regulation 5(1) or (2), as the case may be and issue a birth certificate in a form and contain substantially the information set out in Annexure 4 (DHA-5) or issue an acknowledgement of receipt contemplated in regulation 4(6) if the birth certificate cannot be issued for any reason.

(b) In respect of a person who is one year and older—

- (i) take full set of fingerprints of the informant;
- (ii) verify the fingerprints of the informant against the national population register;
- (iii) verify the fingerprints of the person whose notice of birth is being given against the national population register, in respect of a person who is 15 years and older;
- (iv) affix the biometrics of such person whose notice of birth is being given to the appropriate space on the notice in Annexure 1C (DHA-24/A), in respect of a person who is 15 years and older;
- (v) request the informant to pay the applicable fee;
- (vi) issue an acknowledgement of receipt contemplated in regulation 4(6);

- (vii) authenticate the veracity of the information furnished to him or her, including the information relating to the health facility where the child or person was born;
- (viii) interview the informant and the person whose notice of birth is being given through a national screening committee established by him or her, which committee shall make recommendations on the claim for South African citizenship to the Minister;
- (ix) obtain confirmation of the claim for South African citizenship from the Minister; and
- (x) register the birth in accordance with regulation 5(1) or (2), as the case may be and issue a birth certificate in a form and contain substantially the information set out in Annexure 4 (DHA-5).

(8) If a birth has been registered twice, the Director-General shall direct which registration shall be cancelled.

(9) Any person who is issued with a birth certificate must verify the information contained therein and if found to be incorrect, he or she must, within seven working days of being issued with the birth certificate, return such birth certificate to the Director-General for rectification.

(10) Any particulars recorded in the national population register through a process of late registration of birth in respect of a person who is one year and older shall not in any way be amended.

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

6.(1) Where notice of birth is given in terms of section 10(1)(b) of the Act, the person who acknowledges that he is the father of the child shall enter the particulars regarding himself in the form containing substantially the information set out part D of Annexure 1A (DHA-24) or part D of Annexure 1A (DHA-24/LRB), as the case may be, upon the notice of birth.

(2) The person who acknowledges that he is the father of the child must—

- (a) submit an affidavit in which he—
  - (i) states his marital status or relationship to the mother; and
  - (ii) confirm the acknowledgement of paternity of the child;
- (b) have his fingerprints verified against the national population register: Provided that in the event the father is not a South African citizen, he must submit proof of lawful sojourn in the Republic issued in terms of the Immigration Act and such proof must be authenticated.

#### **Insertion of natural father's particulars in birth register of child**

7. (1) An application referred to in section 11(4) of the Act shall be submitted to the Director-General in the form and contain substantially the information set out in Annexure 6 (DHA-1682).

(2) If the Director-General is satisfied that the requirements of section 11(4) and (5) of the Act have been complied with the natural father's particulars set out in part B of Annexure 6 (DHA-1682) shall be entered in the birth register of the child concerned.

#### **Notice of birth of abandoned or orphaned child**

8. The social worker who gives a notice of birth in terms of section 12 of the Act, read with the provisions of the Children's Act, shall allocate an appropriate name and surname to the said child if a name and surname have not already been given to the child at the enquiry made in terms of the Children's Act.

#### **Birth outside the Republic**

9.(1) In the case of a birth referred to in section 13 of the Act, the informant shall submit an unabridged birth certificate or other similar document issued by the authority concerned in the country in which the birth occurred, together with the notice of birth in the form containing substantially the information as set out in Annexure 1A (DHA-24) or Annexure 1B (DHA-24/LRB),

as the case may be, irrespective of whether the notice is given to the head of a South African diplomatic or consular mission or to the district or regional representative in the Republic.

(2) A document referred to in subregulation (1) must be accompanied by the following supporting documents:

- (a) a duly completed Annexure 5 (Form DHA-529), in respect of the person whose notice of birth is given and his or her parents and DHA-9 for a person who is one year and older;
- (c) a certified copy of the death certificate of a deceased parent of the person whose notice of birth is given;
- (d) a certified copy of the marriage certificate of the parents of the person whose notice of birth is given, if his or her parents are married; and
- (e) a certified copies of the identity documents of the parents.

#### AMENDMENTS OR ALTERATIONS

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

10.(1) An application referred to in section 11(1) of the Act shall be submitted to the Director-General in the form and contain substantially the information set out in Annexure 7 (DHA-59).

(2) In order to amend the registration of birth of a child born out of wedlock, the Director-General shall be satisfied that the alleged parents of the child are in fact his or her biological parents and that they are legally married to each other.

(3) The Director-General shall, if satisfied as contemplated in subregulation (2), in order to amend the registration of the birth, cancel the original notice and register the birth in accordance with the said application, and make reference on the new notice of birth to the previous registration.

(4) The conclusive proof referred to in section 11(4A) of the Act shall be in the form of paternity test results, at the cost of the applicant.

##### **Alteration of forename, surname of minor or assumption of another surname**

11.(1) Any application referred to in sections 24, 25 or 26 of the Act shall be submitted to the Director-General in the form and contain substantially the information as set out in Annexure 8 (DHA-85), Annexure 9 (DHA-193), Annexure 10 (DHA-462) or Annexure 11 (DHA-196), as the case may be.

(2) The sufficient reasons referred to in section 26(2) of the Act shall relate to—

- (a) a change in marital status of the parents of the applicant;
- (b) assumption of the applicant's maiden surname;
- (c) assumption of the applicant's mother's maiden or natural father's surname, where the father has acknowledged paternity

which assumption shall be proven by means of documentation such as copies of identity document, passport, marriage certificate or death certificate, submitted together with affidavits from the alleged father or mother of the applicant and from one member of the family bearing the particular surname that the applicant wishes to assume;

(d) adoption in terms of the Children's Act; or

(e) protection of a person's identity in terms of a witness protection plan lodged by the Director: Office for Witness Protection appointed in terms of section 3(1) of the Witness Protection Act, 1998 (Act No. 112 of 1998).

(3) Any alteration of a forename, surname or assumption of another surname under section 24, 25 or 26 of the Act shall be made—

- (a) by entering the altered forename, surname of the minor or assumed surname in the notice of birth; 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 or surname.

#### **Alteration of sex description**

12. An application referred to in section 27A of the Act shall be in the form and contain substantially the information set out in Annexure 12 (DHA-526).

#### **Recording of adoption in birth register**

13. An application referred to in section 27B of the Act shall be in the form and contain substantially the information set out in Annexure 13 (DHA-1773).

#### **Publication of amplification of birth register, alterations of forenames and surnames and assumption of another surname**

14.(1) In the case of an alteration or amplification of a forename or surname of a person of age 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, his or her postal address and his or her altered or amplified forename or surname shall be published in the *Gazette*.

(2) Subregulation (1) shall not apply in terms of section 27(2) of the Act where the alteration was authorised under a witness protection plan.

### **REGISTRATION OF DEATHS**

#### **Notice of death**

15.(1)(a) Any notice in respect of a death given in terms of section 14 of the Act, shall be given by the informant or a funeral undertaker to the person contemplated in section 4(1) of the Act, on the death register which shall be in the form and contain substantially the information set out in Annexure 14 (DHA-1663).

(b) No person other than the following shall complete the form Annexure 14 (DHA-1663):

- (i) medical practitioner, in respect of death of the person he or she has examined and confirms to be deceased;
- (ii) police official, where there is an inquest report; and
- (iii) official of the department with delegated authority, in the case where there is a death report.

(2) A notice of death referred to in section 14(1)(b) of the Act shall be given to a person authorised in terms of section 4(1) of the Act to receive such notices.

(3) Any person referred to in subregulation (2) to whom a notice of death is given receives a certificate from a medical practitioner, shall—

- (a) complete the death report in the form and contain substantially the information set out in Annexure 15 (DHA-1680);
- (b) verify the identity of the deceased and attach the original identity document or card of the deceased;
- (c) affix the relevant biometrics of the deceased in the appropriate space provided in the death report and in the case where the relevant biometrics of the deceased are not affixed, attach an affidavit containing reasons why such relevant biometrics were not affixed;
- (d) affix his or her biometrics in the appropriate space provided in the death report;
- (e) attach a certified copy of the identity document of the informant; and
- (f) submit, within his or her municipal district, the death report and supporting documentation to the Director-General.

(4) The Director-General shall, upon receipt of the notice of death—

- (a) verify the particulars of the deceased, the informant or funeral undertaker and the person who completed the death report, on the national population register, and attach the verification report from the national population register to the death report;

- (b) in the case where the particulars of the informant are not appearing on the national population register, take a full set of fingerprints of the informant;
  - (c) attach the death report to the death register, if applicable;
  - (d) record the cause of death as "natural causes" if the Director-General is satisfied that the death was due to natural causes and that a medical practitioner was or is not available to examine the body;
  - (e) cancel the original identity document or card of the deceased in terms of section 20 of the Identification Act, 1997 (Act No. 68 of 1997);
  - (f) issue a burial order in the form and contain substantially the information set out in Annexure 16 (DHA-14A) to the informant or funeral undertaker; and
  - (g) issue a death certificate in the form and contain substantially the information set out in Annexure 4 (DHA-5) or issue a proof of notice of death in the form and contain substantially the information set out in Annexure 17 (DHA-1577) to the informant or funeral undertaker.
- (5) If the Director-General is not satisfied that the death was due to natural causes, he or she shall investigate, or cause to be investigated, the circumstances of the death and if satisfied after such investigation that the death was due to natural causes, deal with the death in terms of subregulation 4(e) to (g) inclusive: Provided that a report of the findings of the investigation shall be attached to the notice of death.
- (6) If, after the investigation contemplated in subregulation (5), the Director-General has reason to believe that the death was due to other than natural causes, he or she shall refer the matter to a police officer who shall deal with the death in terms of the provisions of section 3 of the Inquest Act, 1959 (Act No. 58 of 1959).
- (7) In the event of any notice of death given with the cause of death being due to "unnatural causes", such notice must be accompanied by information substantially corresponding to the information set out in Annexure 14 (DHA-1663).
- (8) The cause of death shall be indicated as "natural" or "unnatural causes" as the case may be, on the death register and the death certificate: Provided that where the cause of death is still being investigated, it must be indicated as "under investigation".

#### **Certificate by medical practitioner**

- 16.(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, shall be in the form and contain substantially the information as set out in parts A, B, C, D and G of Annexure 14 (DHA-1663).
- (2) The medical practitioner concerned shall on request and free of charge issue and provide a certificate referred to in subregulation (1) to the informant, funeral undertaker or to the police officer referred to in section 17 of the Act, as the case may be.
- (3) The medical practitioner concerned shall preserve a copy of the certificate referred to in subregulation (1) for at least five years.
- (4) The biometrics of the deceased and the informant or funeral undertaker, if the deceased was 16 years or older at the time of his or her death, shall be affixed, by a person contemplated in section 4(1) of the Act, to the appropriate space on the notice of death.

#### **Registration of deaths**

- 17.(1) If a notice of a death is given to the Director-General, the death shall be registered in terms of section 5(2) of the Act if the information in the death register corresponds with that of the deceased included in the population register, and a death certificate may be issued to the informant or funeral undertaker in the place of a proof of notice of death.
- (2) If a notice of a death is given to the Director-General, and the information of the deceased is not included in the population register, the death shall be registered in terms of section 5(3) of the Act and an unabridged death certificate without an identity number shall be issued to the informant or funeral undertaker in the place of a proof of notice of death.

**Notice of still-birth**

- 18.(1) A notice of a still-birth contemplated in section 18(3) of the Act shall be given to the person contemplated in section 4(1) of the Act in the municipal district where such still-birth occurred.
- (2) The certificate referred to in section 18(1) of the Act shall be in the form and contain substantially the information set out in parts A, B, D and F of Annexure 14 (DHA-1663).
- (3) The declaration referred to in section 18(2) of the Act shall be in the form and contain substantially the information set out in Annexure 18 (DHA-6).

**Death outside Republic**

- 19.(1) A notice of the death of a person referred to in section 19(1) of the Act may be given to a head of a South African diplomatic or consular mission in the country where the person died or, if there is no South African diplomatic or consular mission in that country, to the head of any other foreign South African diplomatic or consular mission.
- (2) Notwithstanding the provisions of subregulation (1), a notice of death which occurred outside the Republic may be given to a person contemplated in section 4(1) of the Act in the Republic.
- (3) On receipt of the notice of a death which occurred outside the Republic, an officer at the mission authorised for this purpose in terms of section 4(1) of the Act shall complete the death register and issue a proof of notice of death in the form and contain substantially the information set out in Annexure 17 (DHA-1577) to the informant.
- (4) The head of a South African diplomatic or consular mission shall as soon as possible—
- (a) verify the information contained in the notice of death; and
  - (b) forward to the Director-General each completed death register together with the death certificate or other similar document required in terms of section 19(1) of the Act.
- (5) When a burial order is issued in terms of section 19(2) of the Act, a proof of notice of death shall, in addition to a burial order, be issued to the informant.
- (6) The granting of permission in terms of section 19(3) of the Act for the issuing of a burial order shall be done 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**

20. A burial order referred to in sections 14(2), 17(2), 18(3), 19(2) and 20(1) of the Act shall be in the form and contain substantially the information set out in Annexure 19 (DHA-14B).

**Burial register**

21. The particulars contemplated in section 21 of the Act are the—
- (a) names and surname of the deceased, as contained in the burial order;
  - (b) date of death of the deceased;
  - (c) serial number on the burial order;
  - (d) details of the funeral undertaker; and
  - (e) date of burial.

**Death certificate**

22. A death certificate referred to in section 22 of the Act shall be in the form and contain substantially the information set out in Annexure 4 (DHA-5) or Annexure 20 (DHA-20), as the case may be.

**Designation of funeral undertakers**

- 23.(1) An application for the designation as a funeral undertaker in terms of section 22A(1) of the Act, shall be on a form and contain substantially the information set out in Annexure 21 (DHA-1774).
- (2) In order to qualify for designation as funeral undertaker, a person shall—
- (a) be a South African citizen of 18 years and older;

- (b) not be an official employed by the Department;
- (c) demonstrate to the Director-General his or her knowledge of the Act and these regulations by successfully completing the examinations required by the Director-General;
- (d) pay the relevant designation fee to the Department, if applicable; and
- (e) in support of the application, submit the following documents:
  - (i) a licence for operating the premises issued by the relevant municipality or authority;
  - (ii) the registration number for the business issued with the Companies and Intellectual Property Commission; and
  - (iii) a tax registration certificate for the business issued by the South African Revenue Service.

(3) A designated funeral undertaker who engages in the activities relating to the registration of deaths shall submit to the person contemplated in section 4(1) of the Act, proof of appointment by the family of the deceased whose notice of death is being given by such funeral undertaker.

#### **Issuing of certificates**

24.(1) An application for the issuing of a certificate referred to in section 28(1) of the Act shall be in the form and contain substantially the information set out in Annexure 22 (DHA-154) or Annexure 21 (DHA-132), as the case may be.

(2) A certificate issued as a duplicate must be clearly marked as a "duplicate".

(3) A certificate contemplated in subregulation (1) shall be issued subject to the provisions of section 29 of the Act.

(4) No person shall, with regard to a birth, still-birth or death of which he or she is the informant issue or sign a birth certificate, acknowledgement of receipt of notice of birth, burial order, proof of notice of death, or death certificate, as the case may be.

#### **Surrender of documents and certificates containing incorrect information and rectification**

25.(1) The holder of a certificate or document referred to in section 7(3) of the Act, or his or her parent or legal guardian shall, if he or she or his or her parent or legal guardian has been requested to do so, hand such certificate or document to the Director-General or dispatch it to him or her by registered mail within 30 days of the date of such request.

(2) An application for amendment or rectification of particulars furnished in terms of section 7(4) of the Act shall be in the form and contain substantially the information set out in Annexure 12 (DHA-526).

(3) The Director-General shall, if satisfied that the particulars contained in the national population register is incorrect, amend or rectify such information by including the correct information 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**

26.(1) The Regulations on the Registration of Births and Deaths, 1992, published by Government Notice No. R.2139 of 9 September 1992 are hereby repealed.

(2) Anything done under a provision of the regulations repealed by subregulation (1) and which could have been done under a provision of these regulations, is regarded as having been done under the latter provision.


#### **Short title**

27. These regulations shall be called the Regulations on the Registration of Births and Deaths, 2012.





F. DECLARATION																																					
I, _____, hereby declare that the information supplied is 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 of 1992.																																					
<b>Informant</b> <div style="display: flex; justify-content: space-between; height: 60px;"> <div style="width: 45%; border: 1px solid black; position: relative;"> <span style="position: absolute; bottom: 5px; left: 5px;">Initials and surname</span> </div> <div style="width: 45%; border: 1px solid black; position: relative;"> <span style="position: absolute; bottom: 5px; left: 5px;">Signature</span> </div> </div>						Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>		Place <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>																													
Relationship to the child. <input type="checkbox"/> Father (Parent A) <input type="checkbox"/> Mother (Parent B) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Social worker <input type="checkbox"/> Next of Kin																																					
<b>G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</b>																																					
NOTICE OF BIRTH RECEIVED BY:										<div style="border: 1px solid black; height: 150px; position: relative;"> <span style="position: absolute; top: 5px; right: 5px;">Office stamp - Office of origin</span> </div>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         Surname  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 45%;">                         First name  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;">                         Persal number  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> <div style="width: 45%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                             Stat  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">I</td> <td style="width: 25%;">O</td> <td style="width: 25%;">S</td> <td style="width: 25%;">M</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;">                             Birth  <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">I</td> <td style="width: 25%;">O</td> <td style="width: 25%;">S</td> <td style="width: 25%;">M</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> </div> </div>												I	O	S	M									I	O	S	M										
I	O	S	M																																		
I	O	S	M																																		
DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK <input checked="" type="checkbox"/>																																					
<b>Birth Registration within 30 Days:</b>				<b>Birth Registration after 30 Days, additional documents:</b>				<b>If foreign birth, additional documents:</b>																													
<input type="checkbox"/> Confirmation of Birth				<input type="checkbox"/> Proof of Paternity				<input type="checkbox"/> Certified copy of the Foreign birth certificate of the child																													
<input type="checkbox"/> Certified copy of Father's/Parent A's ID document (if applicable)				<input type="checkbox"/> School Letter				<input type="checkbox"/> Citizenship determination form BI-529 (SA Parent)																													
<input type="checkbox"/> Certified copy of Mother's/Parent B's ID document				<input type="checkbox"/> Certified Copy of School register				<input type="checkbox"/> Citizenship determination form BI-529 (Child)																													
<input type="checkbox"/> Certified copy of Legal Guardian/Social Worker's ID document				<input type="checkbox"/> Affidavit																																	
<input type="checkbox"/> Certified copy of Marriage Certificate of parents (if married)																																					
<input type="checkbox"/> BI 1658 if named religiously i.e Muslim, Hindu																																					
<input type="checkbox"/> Medical Report Same Sex Parents																																					
<input type="checkbox"/> Certified copy of Social Worker's Registration Certificate																																					
<b>Online verification performed and printouts attached for following persons:</b>																																					
<input type="checkbox"/> Father (Parent A) <input type="checkbox"/> Mother (Parent B) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Social worker <input type="checkbox"/> Next of Kin																																					
Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">D</div> </div>																																					
Signature _____																																					
<b>H. APPLICATION VERIFIED</b>																																					
Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>																																					
I hereby declare that I have verified the application and registration																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         Initials and surname                          _____                           Signature                          _____                     </div> <div style="width: 45%;">                         Persal number  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div> </div>																																					

	Allocated identity number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> <b>DEPARTMENT: HOME AFFAIRS</b> <b>REPUBLIC OF SOUTH AFRICA</b> <b>ANNEXURE 1B</b> <b>NOTICE OF BIRTH</b> <b>[Births and Deaths Registration Act 51 of 1992]</b> <small>[Section 9]</small>	DHA-24/LRB <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Bar Code</b> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <small>Recent ID photo of the child (required only for applicants of 15 years and older)</small> </div>
<p>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 <b>BLOCK LETTERS</b>. Please mark <input checked="" type="checkbox"/> the <b>CORRECT</b> box, where required.  <b>Applications that are not legible shall not be accepted.</b></p>		
Date of application (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		
<b>A. DETAILS OF THE CHILD</b>		
Surname as at birth <span style="border: 1px solid black; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>		
Forenames in full <span style="border: 1px solid black; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>		
Date of birth (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Gender: <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Place of birth: City/Town <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		Province <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Country of birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Postal code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Are the parents of the child married to each other? <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> If Yes, nature of marriage <input type="checkbox"/> Civil <input type="checkbox"/> Customary <input type="checkbox"/> Civil union <input type="checkbox"/> Other		
Date of marriage (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Marriage certificate enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone no., incl. area code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Cell phone no. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
<b>COMPULSORY SECTION - only for late registration of birth:</b> Provide reason why the birth was not registered in terms section 9(1) of the Births and Deaths Registration Act 51 of 1992 <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
<b>B. DETAILS OF PARENT 1 (FATHER)</b>		
Identity number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date of birth (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Previous/Maiden surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Forenames in full <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Registered place of birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Country of birth <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Current contact address Street <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Town/Village <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Province <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Telephone no., incl. area code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Cell phone no. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Citizenship <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Permanent residence permit no. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
<b>C. DETAILS OF PARENT 2 (MOTHER)</b>		
Identity number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date of birth (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Maiden surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Forenames in full <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Registered place of birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Country of birth <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Current contact address Street <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>		
Town/Village <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Province <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span>
Telephone no., incl. area code <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Cell phone no. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Citizenship <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Permanent residence permit no. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
<b>D. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK</b>		
I hereby declare that I am the biological father of the child		Mother's permission to the acknowledgement of paternity
Initials and surname <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Signature <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Initials and surname <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> Signature <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Identity number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Identity number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>
Date (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		Date (YYYYMMDD) <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>

E. DETAILS OF THE INFORMANT																									
Identity number					Date of birth (YYYYMMDD)																				
Surname																									
Previous/Maiden surname																									
Forenames in full																									
Registered place of birth					Country of birth																				
Current contact address																									
Street					Town/Village			Province																	
Telephone no., incl. area code					Cell phone no.			Postal code																	
Citizenship					Permanent residence permit no.																				
Relationship to the child.																									
	<input type="checkbox"/> Parent 1 (Father)	<input type="checkbox"/> Parent 2 (Mother)	<input type="checkbox"/> Family member, please specify.																						
	<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Social worker or authorised officer, provide case no.																							
	<input type="checkbox"/> Other, please specify																								
F. DECLARATION																									
I, _____ (the informant), hereby declare that all information supplied by me on this application form is true and correct.																									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black; height: 40px;"></td> <td style="width: 20%; border: 1px solid black; height: 40px;"></td> <td style="width: 40%;">Date (YYYYMMDD)</td> <td style="border: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="text-align: center;">Initials and surname Child (15 years and older)</td> <td style="text-align: center;">Signature</td> <td>Place</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; height: 40px;"></td> <td style="border: 1px solid black; height: 40px;"></td> <td>Date (YYYYMMDD)</td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Initials and surname</td> <td style="text-align: center;">Signature</td> <td>Place</td> <td style="border: 1px solid black;"></td> </tr> </table>												Date (YYYYMMDD)		Initials and surname Child (15 years and older)	Signature	Place				Date (YYYYMMDD)		Initials and surname	Signature	Place	
		Date (YYYYMMDD)																							
Initials and surname Child (15 years and older)	Signature	Place																							
		Date (YYYYMMDD)																							
Initials and surname	Signature	Place																							
FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN																									
NOTICE OF BIRTH RECEIVED BY:																									
Stat		Birth		Date (YYYYMMDD)		Office stamp - OFFICE OF ORIGIN																			
DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK <input checked="" type="checkbox"/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Affidavit DHA-288</td> <td><input type="checkbox"/> Each page of Affidavit is initialed by informant and Commissioner of Oaths</td> </tr> <tr> <td><input type="checkbox"/> 2 photographs of the child, 15 years and older</td> <td><input type="checkbox"/> DHA-24/A for the child</td> </tr> <tr> <td><input type="checkbox"/> Original ID document of informant was presented</td> <td><input type="checkbox"/> DHA-24/A for the informant</td> </tr> <tr> <td><input type="checkbox"/> Certified copy of Informant's ID document</td> <td><input type="checkbox"/> Foreign birth certificate (copy only)</td> </tr> <tr> <td><input type="checkbox"/> Marriage certificate of the parents (copy)</td> <td><input type="checkbox"/> Citizenship determination BI-529</td> </tr> <tr> <td><input type="checkbox"/> Hospital/Clinic/Maternity certificate (copy)</td> <td><input type="checkbox"/> Any other documentation, please specify: _____</td> </tr> </table>										<input type="checkbox"/> Affidavit DHA-288	<input type="checkbox"/> Each page of Affidavit is initialed by informant and Commissioner of Oaths	<input type="checkbox"/> 2 photographs of the child, 15 years and older	<input type="checkbox"/> DHA-24/A for the child	<input type="checkbox"/> Original ID document of informant was presented	<input type="checkbox"/> DHA-24/A for the informant	<input type="checkbox"/> Certified copy of Informant's ID document	<input type="checkbox"/> Foreign birth certificate (copy only)	<input type="checkbox"/> Marriage certificate of the parents (copy)	<input type="checkbox"/> Citizenship determination BI-529	<input type="checkbox"/> Hospital/Clinic/Maternity certificate (copy)	<input type="checkbox"/> Any other documentation, please specify: _____				
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<input type="checkbox"/> Hospital/Clinic/Maternity certificate (copy)	<input type="checkbox"/> Any other documentation, please specify: _____																								
NPR verification performed for following persons.																									
<input type="checkbox"/> Parent 1 (Father)	<input type="checkbox"/> Parent 2 (Mother)	<input type="checkbox"/> Informant	<input type="checkbox"/> Reference person (if applicable)	<input type="checkbox"/> Child																					
NPR verification results (attached): _____																									
Please enter the barcode numbers of the fingerprint verification forms:																									
(DHA-24/A) of the child																									
(DHA-24/A) of the informant																									
If Online verification is available at the front office, please provide the fingerprint verification results:																									
Fingerprints of the child	<input type="checkbox"/> No hit	If other result, please comment: _____																							
Fingerprints of the informant	<input type="checkbox"/> Hit	If other result, please comment: _____																							
VERIFIED BY SUPERVISOR - OFFICE OF ORIGIN:																									
Date (YYYYMMDD)					Initials and surname																				
Application is complete and all required documents are enclosed																									
Fingerprints are taken correctly of	<input type="checkbox"/> Child	<input type="checkbox"/> Informant	Signature																						
		Personal number																							
FOR OFFICIAL USE ONLY      RESERVED FOR THE SECTION THAT ALLOCATES THE ID NUMBER																									
Capturing date (YYYYMMDD)																									
Initials and surname																									
Signature																									
Personal number																									
Office stamp FOR OFFICE WHERE ID NUMBER WAS CAPTURED																									



DEPARTMENT: HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

DHA-288

ANNEXURE 2A  
AFFIDAVIT BY THE INFORMANT FOR  
LATE REGISTRATION OF BIRTH  
(1 year and older)

[Births and Deaths Registration Act 51 of 1992]

To be completed by the informant. The informant and Commissioner of Oaths to initial each page.  
To be submitted together with DHA-24 /LRB and DHA-24/A. 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.**

**A. DETAILS OF THE INFORMANT**

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

If you are not the parent or the legal guardian, provide the reason why you are giving the notice of birth (COMPULSORY SECTION)

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

**B. DETAILS OF THE CHILD**

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

**C. DETAILS OF LIFE EVENTS OF THE CHILD**

**C1. INSTITUTION OF BIRTH - COMPULSORY**

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

OHA-288

<b>C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD</b>									
Institution name									
Contact address									
Street									
Town/Village									
Province									
Telephone no., incl. area code									
Cell phone no.									
Postal code									
Contact person name									
Date of the ceremony (YYYYMMDD)									
Name of the ceremony									
<b>C3. PRE-SCHOOL OR CRECHE ATTENDED</b>									
Institution name									
Contact address									
Street									
Town/Village									
Province									
Telephone no., incl. area code									
Cell phone no.									
Postal code									
Contact person name									
Period of attendance (YYYYMMDD) From To									
<b>C4. PRIMARY SCHOOL ATTENDED</b>									
Did the child attend more than one school									
If yes, provide details of the school with most verifiable information									
Institution name									
Contact address									
Street									
Town/Village									
Province									
Telephone number									
Cell phone no.									
Postal code									
Contact person name									
Period of attendance (YYYYMMDD) From To									
Grade at admission									
Highest grade passed									
<b>C5. SECONDARY SCHOOL ATTENDED</b>									
Did the child attend more than one school									
If yes, provide details of the school with most verifiable information									
Institution name									
Contact address									
Street									
Town/Village									
Province									
Telephone no. incl. area code									
Cell phone no.									
Postal code									
Contact person name									
Period of attendance (YYYYMMDD) From To									
Grade at admission									
Highest grade passed									
<b>C6. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER</b>									
Employer									
Physical address									
Street									
Town/Village									
Province									
Postal address									
Province									
Postal code									
Telephone no. incl. area code									
Cell phone no.									
Contact person name									
Period of employment (YYYYMMDD) From To									
Nature of work performed									

DHA-288

**C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2-C8 WERE COMPLETED.**

The reference to the birth is:

<input type="checkbox"/> Witness to the birth	<input type="checkbox"/> Family member	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Pastor / Priest
<input type="checkbox"/> Tribal Authority	<input type="checkbox"/> Person who raised the person	<input type="checkbox"/> Social worker	<input type="checkbox"/> Other, please specify

Identity number

Date of birth (YYYYMMDD)

Surname

Previous/Maiden surname

Forenames in full

Physical address

Street

Town/Village

Province

Postal address

Province

Postal code

Telephone no., incl. area code

Cell phone no

Registered place of birth

Country of birth

**D. DECLARATION**

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

I, \_\_\_\_\_ (the informant), hereby declare under oath that the information submitted in this Affidavit and the Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992

Signature of deponent \_\_\_\_\_ Date (YYYYMMDD)

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

- (1) Do you know and understand the contents of this declaration? Answer: \_\_\_\_\_
- (2) Do you have any objection to taking the prescribed oath? Answer: \_\_\_\_\_
- (3) Do you consider the prescribed oath as binding on your conscience? Answer: \_\_\_\_\_

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

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

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

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

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

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

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

Office stamp - OFFICE OF ORIGIN

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

NOTICE OF BIRTH RECEIVED BY:

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

Date (YYYYMMDD)

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

Signature \_\_\_\_\_

Personal number

Office stamp - OFFICE OF ORIGIN



DHA-288/A

ANNEXURE 2B  
AFFIDAVIT GIVEN BY INFORMANT AFTER 30 DAYS  
UPTO 1 YEAR

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

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

Date of application

--	--	--	--

--	--

--	--

#### A. DETAILS OF THE PARENT

Identity number

[illegible]

## Citizenship

[illegible]

Date of birth (YYYYMMDD)

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

Passport no./Permanent residence permit no.

[illegible]

Surname

[illegible]

Previous/Maiden surname

[illegible]

Forenames in full

[illegible]

Registered place of birth

[illegible]

Country of birth

[illegible]

Relationship to the child

☐ Father/Parent A      ☐ Mother/Parent B

### B. DETAILS OF THE CHILD

Sumame as at birth

[illegible]

Forenames in full

[illegible]

Date of birth (YYYYMMDD)

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

**Gende**

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

Place of birth

[illegible]

Contact number

[illegible]

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

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

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

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



DHA-288/A

I, \_\_\_\_\_ the parent, hereby declare under oath that the information submitted in this Affidavit and the Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992

Signature of deponent

Date (YYYYMMDD)

$\gamma$	$\gamma^*$	$\gamma^*$	$\gamma$	$\gamma^*$	$\gamma^*$	$\gamma$	$\gamma^*$
----------	------------	------------	----------	------------	------------	----------	------------

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

- (1) Do you know and understand the contents of this declaration? Answer: \_\_\_\_\_
- (2) Do you have any objection to taking the prescribed oath? Answer: \_\_\_\_\_
- (3) Do you consider the prescribed oath as binding on your conscience? Answer: \_\_\_\_\_

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

Signature of the Commissioner of Oaths

[illegible][illegible][illegible]

Persal number							
---------------	--	--	--	--	--	--	--

[illegible]

Area code				
-----------	--	--	--	--

[illegible]

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

Departmental Stamp

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

## NOTICE OF BIRTH AND AFFIDAVIT RECEIVED BY:

[illegible][illegible][illegible]

Signature \_\_\_\_\_

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

Departmental Stamp

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



DHA-288/B

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

Date of application								D	Registration within 30 Days		Registration after 30 days
---------------------	--	--	--	--	--	--	--	---	--------------------------------	--	----------------------------

[illegible]

### B. DETAILS OF THE CHILD

Surname as at birth																										
Forenames in full																										
Date of birth (YYYYMMDD)							Gender																			
Place of birth																										
Contact number																										

Identity number	<input type="text"/>	Citizenship e.g: RSA	<input type="text"/>
Date of birth (YYYYMMDD)	<input type="text"/>	Passport no./Permanent residence permit no.	<input type="text"/>
Surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Registered place of birth	<input type="text"/>	Country of birth	<input type="text"/>
Specify type of grandparent	<input type="text"/> Grandmother	<input type="text"/> Grandfather	

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

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





## DETERMINATION OF CITIZENSHIP STATUS

### A. PERSONAL PARTICULARS

- ### 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 .....



G.P.-S. 017-0063

REPUBLIC OF SOUTH AFRICA

DHA-1682



DEPARTMENT OF HOME AFFAIRS

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

Births and Deaths Registration Act 51 of 1992

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

#### Instructions for completion

- Part A and B: Natural father to complete
- Part C: Natural mother to complete
- Affidavits D and E: Sworn to by natural father and natural mother before an authorised Home Affairs official. Both deponents must be present at the time.

#### A. CHILD

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

#### PREVIOUS CORRECTIONS OR ALTERATIONS TO CHILD'S PARTICULARS

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

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

#### B. NATURAL FATHER (Applicant)

Identity number (passport if foreigner)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
Forenames (in full)	<input type="text"/>		
Place of birth	<input type="text"/>		
Country of birth	<input type="text"/>		
Citizenship	<input type="text"/>		
Permanent residence permit no.	<input type="text"/>		

Left thumbprint of father

#### C. NATURAL MOTHER

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
Maiden/previous surname	<input type="text"/>		
Forenames (in full)	<input type="text"/>		
Place of birth	<input type="text"/>		
Country of birth	<input type="text"/>		
Citizenship	<input type="text"/>		
Permanent residence permit no.	<input type="text"/>		

Left thumbprint of mother

#### D. AFFIDAVIT BY NATURAL FATHER

I, the undersigned, hereby certify that I am the person whose particulars appear under B above and that the particulars furnished are to the best of my knowledge and belief true and correct and in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992.)

- I wish to be recorded as the natural father of the said child in his/her birth register.

Signed	on this	day of	Year	Signature
Residential address Street	<input type="text"/>			
Town/Village	<input type="text"/>		Code	Province
Telephone no., incl. area code	<input type="text"/>		Cell phone no.	<input type="text"/>

DHA-1682

**E. AFFIDAVIT BY NATURAL MOTHER**

I, the undersigned, hereby certify that I am the person whose particulars appear under C above and that the particulars furnished are to the best of my knowledge and belief true and correct and in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.)

- I am the natural mother of the child referred to in A above and
- I have no objection to the natural father referred to in B above being recorded as the natural father in my child's birth register.

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

Residential address Street \_\_\_\_\_  
 Town/Village \_\_\_\_\_ Code \_\_\_\_\_ Province \_\_\_\_\_  
 Telephone no., incl. area code \_\_\_\_\_ Cell phone no. \_\_\_\_\_

**F. DECLARATION BY COMMISSIONER OF OATHS**

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

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

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

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

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

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

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

Office stamp

- I certify that the deponents have acknowledged that they know and understand the contents of this declaration which was sworn to/affirmed before me and the deponents' signatures or thumbprints were placed thereon in my presence and the presence of both deponents.

Commissioner of Oaths

Designation (Rank)

Identity number \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Forenames \_\_\_\_\_  
 Business address \_\_\_\_\_

**G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN****APPLICATION RECEIVED BY:**

Identity number \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Forenames in full \_\_\_\_\_  
 Persal no. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**DOCUMENTS SUBMITTED WITH THIS APPLICATION:**PLEASE TICK ☒

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

**H. HEAD OFFICE USE ONLY**

Identity number \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Initials \_\_\_\_\_  
 Persal number \_\_\_\_\_  
 Date \_\_\_\_\_

Status: Approved ☐ Rejected ☐

Reason for being rejected \_\_\_\_\_

Signature \_\_\_\_\_



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA-85

## APPLICATION FOR ALTERATION OF FORENAMES

[Section 24 of the Births and Deaths Registration Act 51 of 1992]

Bar Code

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

APPLICATION FOR THE ALTERATION OF MY OWN FORENAME(S) ☐ OR FOR THE FORENAME(S) OF MY MINOR CHILD ☐

## A. PARTICULARS OF THE APPLICANT (Current forenames)

Identity number

Surname

Forenames (in full)

Date of birth

Place of birth (Town)

Residential address Street

Town/Village  Code

Cell Phone no.  Province

Left thumbprint of applicant  
(thumbprint of parent if minor)

## B. PARTICULARS OF MINOR CHILD (current forenames) (complete only if applicable)

Identity number  Date of birth

Surname

Forenames (current, in full)

Place of birth

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

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

Date signed      

## D. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT'S PARTICULARS

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

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

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

## APPLICATION RECEIVED BY:

Identity number

Surname

Forenames in full

Persal No.

Date

## DOCUMENTS SUBMITTED WITH THIS APPLICATION:

PLEASE TICK ☒

- ☐ Proof of payment
- ☐ Copy of applicant's birth certificate
- ☐ Copy of child's birth certificate (if applicable)
- ☐ Copy of permanent residence certificate (if applicable)

- ☐ Proof of guardianship (if applicable)
- ☐ Other, specify \_\_\_\_\_

Signature \_\_\_\_\_

Office Stamp

## F. HEAD OFFICE USE ONLY

## Application approved by:

Identity number

Surname

Forenames in full

Persal No.

Date

Status: Approved ☐ Rejected ☐

Signature \_\_\_\_\_



G.P.-S. 09/09



## DHA-193

[Section 25(1) and (2) of the Births and Deaths Registration Act 51 of 1992]

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

[illegible][illegible]

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

[illegible]

☐ My child was born out of wedlock and I married someone else other than the natural father of my child

☐ The marriage with the father of my child has been dissolved through divorce / death and I remarried

☐ As a widow / divorcee I resumed my maiden name / previous married surname

☐ The birth of my child born out of wedlock has been registered under the surname of his/her natural father and I wish for him/her to assume my surname

☐ I am the guardian of the minor (for the purpose of this section "guardian" includes any person who has in law or in fact custody or control of the minor)

Should none of the above mentioned reasons be applicable, state reason below:

Signature of father / mother / guardian

Date signed 

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

M	M
---	---

D	D
---	---

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

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

### I. BIOLOGICAL FATHER

OF THE MINOR CHILD

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

Date signed 

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

M	M
---	---

D	D
---	---

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

## APPLICATION RECEIVED BY:

Signature \_\_\_\_\_

**DOCUMENTS SUBMITTED WITH THIS APPLICATION**

PLEASE TICK ☒

- ☐ Copy of child's birth certificate
- ☐ Proof of payment
- ☐ Copy of mother's identity document
- ☐ Stepfather's written consent (if applicable)
- ☐ Copy of marriage certificate (if applicable)
- ☐ Copy of death certificate of biological father (if applicable)
- ☐ Copy of divorce order (if applicable)
- ☐ Copy of biological father's identity document (where father's consent is required)
- ☐ Documentary proof of custody (if applicable)
- ☐ Court order (if applicable)
- ☐ Other, specify \_\_\_\_\_

**G. HEAD OFFICE USE ONLY**

APPLICATION APPROVED BY:

Status: *Approved* ☒ *Rejected* ☐

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

Age Group	Percentage
18-24	10%
25-34	25%
35-44	30%
45-54	15%
55-64	10%
65-74	5%
75-84	2%
85+	3%

**Signature**

[illegible]

DHA-198



[Section 26 (2) of the Births and Deaths Registration Act 51 of 1992]

**A. I hereby apply to assume a new surname as follows:**

[illegible]

and furnish the following reason for my application:

Identity number																Date of birth	Y	Y	Y	Y	M	M	D	D
Present surname																								
Forenames (in full)																								
Place of birth																								
Residential address	Street																							
	Town / Village															Code								
Telephone number																Province								
Cellphone number																								

Left thumbprint of applicant

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

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

**APPLICATION RECEIVED BY:**

[illegible]

Reason for recommendation

Signature \_\_\_\_\_

Rank

Office stamp

Application evaluation 1: Recommended ☐ Not recommended ☐ Reason:

[illegible]

Signature \_\_\_\_\_

Rank

Approved ☐ Refused ☐ Reason: \_\_\_\_\_

Identity number

Surname

Forenames (in full)

Persal Number

Date Y Y Y Y M M D D

Signature \_\_\_\_\_

Rank

**DOCUMENTS SUBMITTED WITH THIS APPLICATION**

PLEASE TICK ☒

- ☐ Proof of payment
- ☐ Copy of applicant's identity document
- ☐ Copy of applicant's permanent residence permit (if applicable)

☐ Marriage certificate (if applicable)☐ Other, specify \_\_\_\_\_

**G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN****APPLICATION RECEIVED BY:**

Identity number

Surname

Forenames in full

Persal No.

Date

**DOCUMENTS SUBMITTED WITH THIS APPLICATION:****PLEASE TICK ☒**

- |  |   |
|--|---|
| <input type="checkbox"/> Proof of payment  | <input type="checkbox"/> New DHA-24 in case of false registration                             |
| <input type="checkbox"/> Copy of applicant's birth certificate                             | <input type="checkbox"/> Medical reports in case of gender re-assignment (2 separate doctors) |
| <input type="checkbox"/> Copy of child's birth certificate (if applicable)                 | <input type="checkbox"/> Proof of guardianship (if applicable)                                |
| <input type="checkbox"/> Affidavits by all parties concerned in case of false registration | <input type="checkbox"/> Other, specify _____   |
| <input type="checkbox"/> Parentage test(s), if available                                   |   |

**H. HEAD OFFICE USE ONLY****APPLICATION APPROVED BY:**

Identity number

Surname

Forenames in full

Persal No.

Date

Status: Approved ☐ Rejected ☐

Signature \_\_\_\_\_

G.P.-S. 09/09



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

## NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

DHA-1663 A  
Page 1 of 3

BARCODE

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)

Serial 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 still birth? ☐ 1.1 Death ☐ 1.2 Still birth

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 Still born 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 / still birth

Y Y Y Y M M D D

4.1 Place of Death/still birth (City/Town/Village)

4.2 Province of Death/still birth

5. Place of Registration of Death / still birth

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

7. Home telephone no.

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

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

Y Y Y Y M M D D

11. Gender

☐ 11.1 Male☐ 11.2 Female☐ 11.3 Indeterminable

12. Surname

13. Previous / Maiden Surname

14. Forenames

15. Usual Residential Address

Street

Town

Province

Postal code

16. Citizenship

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

16.2 Province of Birth

17. Marital Status of the deceased

☐ 17.1 Single☐ 17.2 Married☐ 17.3 Widowed☐ 17.4 Divorced

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

None

Gr R

Gr 1

Gr 2

Gr 3

Gr 4

Gr 5

Gr 6

Gr 7

Gr 8 Form 1

Gr 9 Form 2

Gr 10 Form 3 NTC 1

Gr 11 Form 4 NTC 2

Gr 12 Form 5 NTC 3

Univ Tech

Unk

now

n

(mark with a ☒)

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

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

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

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

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

G.P.-S. 09/09



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

## NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

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Page 2 of 3

BARCODE

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)

Serial number

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

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

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

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No.

24. Surname

25. Forenames

26. Name of Health Facility / Practice

27. Facility / Practice No.

28. Business Address:

Street

Town

Province

Telephone No. (Office)

Postal Code

Office stamp of health facility or practice

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

Place signed

Date signed

Y Y Y Y M M D D

Signature

## C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

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

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

- ☐ 30.1 Natural ☐ 30.2 Unnatural ☐ 30.3 Under investigation

31. Date of Post-mortem

Y Y Y Y M M D D

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

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address:

Street

Town

Province

Postal Code

Telephone No. (Office)

Office stamp of mortuary

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

Place signed

Date signed

Y Y Y Y M M D D

Signature

## D. PARTICULARS OF INFORMANT

Instructions: Section D to be completed by Informant. Informant is responsible for certifying the identity of the deceased

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

41. Date of Birth

42. Citizenship

43. Surname

44. Forenames

45. Residential Address:

Street

Town

Province

Postal Code

Telephone No. (Home)

Cellphone No.

46. The Deceased is my:

☐ 46.1 Parent☐ 46.2 Spouse☐ 46.3 Child☐ 46.4 Other, Specify

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

Signature

Date signed

Y Y Y Y M M D D

Place signed

Left thumb print of informant

G.P.S. 09/09



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

**NOTICE OF DEATH / STILL BIRTH**

[Births and Deaths Registration Act 51 of 1992]

DHA-1663 A  
Page 3 of 3

BARCODE

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)

Senal number

**E. PARTICULARS OF FUNERAL UNDERTAKER**

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

47. Name of Funeral Parlour

48. DHA Designation No.

49. Company Reg. No.

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

**Details of Funeral Undertaker or Authorised Representative**

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

52. Surname

53. Forenames

54. Business Address

Street

Town

Province

Postal Code

Telephone No. (Office)

Cellphone No.

55. Date of collection of corpse

Y Y Y Y M M D D

56. Date of Cremation (if applicable)

Y Y Y Y M M D D

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

Province

58. Date of Burial

Y Y Y Y M M D D

59. Grave No. (if available)

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

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

61. Surname

62. Forenames

Place signed

Date signed

Y Y Y Y M M D D

Signature

**F. FOR OFFICIAL USE ONLY**

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

63. Identity No.

64. Surname

65. Forenames

66. Persal No.

Documents included with this notice:

☐

Copy of the deceased's ID

☐

Copy of ID document of the informant

☐

DHA - 6 (if applicable)

☐

DHA - 1680 (if applicable)

DHA-1663 was submitted by:

☐

Informant

☐

Funeral Undertaker

Left thumbprint of funeral undertaker

Office stamp of funeral undertaker

Office stamp of DHA



## NOTICE OF DEATH / STILL BIRTH

Confirmation for Medical and Health use Only  
(After completion seal to ensure confidentiality)

DHA-1683 B

Page 1 of 1

To be completed in full and submitted at the Department of Home Affairs' office by the informant or authorised party. 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.

File no \_\_\_\_\_ Date \_\_\_\_\_

## G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

## PARTICULARS OF DECEASED

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

## G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

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

## 77. CAUSES OF DEATH

Part 1	Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line	Approximate interval between onset and death (Days / Months / Years)	For office use only
	IMMEDIATE CAUSE (final disease or condition resulting in death) a) _____ Due to (or as a consequence of) _____		ICD-10 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	Sequentially list conditions, if any, leading to immediate cause. b) _____ Due to (or as a consequence of) _____		
	Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) _____ Due to (or as a consequence of) _____		
	d) _____		
Part 2	Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 _____		
78.	If a female, was she pregnant at the time of death or up to 42 days prior to death? ( <input checked="" type="checkbox"/> ) <input type="checkbox"/> 82.1 Yes <input type="checkbox"/> 82.2 No		
79.	Method used to ascertain the cause of death (tick all that apply):		
	<input type="checkbox"/> 79.1 Autopsy <input type="checkbox"/> 79.2 Post mortem examination <input type="checkbox"/> 79.3 Opinion of attending medical practitioner <input type="checkbox"/> 79.4 Opinion of attending medical practitioner on duty		
	<input type="checkbox"/> 79.5 Opinion of registered professional nurse <input type="checkbox"/> 79.6 Interview of family member <input type="checkbox"/> 79.7 Other (specify) _____		

## G.2 FOR STILL BIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

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

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

## 85. CAUSES OF DEATH

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

96. Autopsy information ( ☒ )

<input type="checkbox"/> 96.1 Certified causes of death has been confirmed by autopsy	<input type="checkbox"/> 96.2 Autopsy information may be available later	<input type="checkbox"/> 96.3 Autopsy not performed
---	--	---

G.P.-S. 017-0081

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

DHA-1680

Page 1 of 2



## NOTICE OF DEATH BY TRADITIONAL LEADER

[Births and Deaths Registration Act 51 of 1992]

[Section 14 (1) (b):]

No. A

To be completed in full and submitted at the Department of Home Affairs' office by the informant or funeral undertaker. The form must be completed in black ink with **BLOCK LETTERS** and the fingerprints must be attached. Please mark the **CORRECT** box with ☒, where required. **All fields are COMPULSORY**. Incomplete, unclear and unreadable applications may not be accepted for registration.

**Instructions:** Section A to be filled out by traditional leader. Thumbprints of the deceased are compulsory and must be taken by the traditional leader in the presence of the Informant. If no fingerprint could be taken, please submit reasons. The Informant must verify, and where necessary, complete in full the personal particulars of the deceased.

**A. PARTICULARS OF DECEASED**

Identity number (passport if foreigner)													Gender				
Date of birth	Y	Y	Y	Y	M	M	D	D	Date of death	Y	Y	Y	Y	M	M	D	D
Citizenship																	
Surname																	
Previous/Maiden surname																	
Forenames																	
Place of death:																	
Town																	
Province																	
Residential address:																	
Street																	
Town																	
Province																	
Postal code																	
Telephone no. (home)																	
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>																
Education level of deceased, Specify only the highest class	No ne	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 12	Univ	Unkn	
(mark with a tick <input checked="" type="checkbox"/> )												Form 1	Form 2	Form 3	Form 4	Form 5	
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 <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/> Not applicable (minor) <input type="checkbox"/>																

**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)													Left thumbprint of informant				
Citizenship																	
Date of birth	Y	Y	Y	Y	M	M	D	D	Gender								
Surname																	
Previous / Maiden surname																	
Forenames																	
Residential address:																	
Street																	
Town																	
Province																	
Code																	
Telephone number (home)																	
Cell phone no.																	
Relationship to the deceased:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other																

I, the undersigned, hereby declare under oath 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 Y Y Y Y M M D D

Place signed \_\_\_\_\_

☐ Copy of ID document of the informant

☐ Traditional leader

 REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS		DHA-14A
<b>BURIAL ORDER</b> [Births and Deaths Registration Act 51 of 1992] [Regulation 18]		Barcode _____
The form to be completed in black ink with BLOCK LETTERS. Please mark with <input checked="" type="checkbox"/> the CORRECT box, where required by the Home Affairs Official		
Date of Issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Serial number of DHA-1663	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Bar-code number of DHA-1663 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>A. PARTICULARS OF A DECEASED</b>		
Identity number/ Passport	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport number (if foreigner)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Citizenship	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Previous or Maiden surname	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Forenames	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place of death: City/Town	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Province <input type="text"/> <input type="text"/>
Place of burial : City/Town	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Province <input type="text"/> <input type="text"/>
Cause of death	Natural <input type="checkbox"/> Unnatural <input type="checkbox"/> Under investigation <input type="checkbox"/>	
<b>B. AUTHORITY FOR BURIAL OF CORPSE</b>		
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.		
<b>F. FOR OFFICIAL USE ONLY</b>		
Registration of death approved and burial order issued. DHA-1663 received by (particulars of DHA official):		
Surname	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DHA Office stamp
Forenames	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Personal No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Documents Included with this notice:		
<input type="checkbox"/> Copy of the deceased's ID/ passport <input type="checkbox"/> Copy of ID document/ passport of the informant		
DHA-1663 was submitted by:		
<input type="checkbox"/> Informant <input type="checkbox"/> Funeral Undertaker		
Identity Number of Receipt:	Identity number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
If Funeral Undertaker:	Designation number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of recipient _____ Date received <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

G.P.-S. 09/09

DHA-6



DEPARTMENT OF HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

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

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

Quote DHA 1663 Serial Number

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

## A. PARTICULARS OF THE STILL BORN CHILD

Surname of Child																								
Forenames (if any)																								
Date of still birth	Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D	(write month in full)	Gender						
Place of birth City/Town													Province											

## B. PARTICULARS OF DECLARANT

Identity number																										
Surname																										
Forenames																										
Residential address: Street																										
Town/Village													Province													
Telephone no., incl. area code													Cell phone no.									Postal code				
The Deceased is my:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other, Specify _____																									

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

Signature \_\_\_\_\_

Date Y Y Y Y M M D D

## C. DECLARATION (For offices use only)

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

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

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

Have you any objection to taking the prescribed oath?

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

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

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


Office Stamp

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

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

Date Y Y Y Y M M D D

Identity number													Personal Number												
Surname																									
Forenames																									
Street Address																									
Designation (Rank)																									

	REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS	DHA -1774
<b>APPLICATION FOR DESIGNATION AS FUNERAL UNDERTAKER</b> [Births and Deaths Registration Act 51 of 1992] [Section 22A(1)]		
<b>Instructions for completion</b> <ul style="list-style-type: none"> <li>Use black ballpoint only</li> <li>Mark the applicable box with <input checked="" type="checkbox"/> where necessary</li> <li>Incomplete applications and applications that are not legible may be considered invalid</li> </ul>		
<b>A. PARTICULARS OF APPLICANT</b>		
Identity number	<input type="text"/>	Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>	
Forenames in full	<input type="text"/>	
Address	Street <input type="text"/> Town / Village <input type="text"/> Province <input type="text"/> Code <input type="text"/>	
Telephone number	<input type="text"/>	
Cell phone number	<input type="text"/>	
		Left thumbprint of applicant
<b>B. PARTICULARS OF BUSINESS</b>		
Name of business / funeral parlour	<input type="text"/>	
Business Reg. No(CIPRO)	<input type="text"/>	
SARS Reg. No	<input type="text"/>	
Business owner - Surname	<input type="text"/>	
Business owner - full name	<input type="text"/>	
Address	Street <input type="text"/> Town / Village <input type="text"/> Province <input type="text"/> Code <input type="text"/>	
Telephone number	<input type="text"/>	
Cell phone number	<input type="text"/>	
		Left thumbprint of business owner
<b>C. DECLARATION BY APPLICANT</b>		
I, _____ hereby declare that the information supplied by myself in this form is to true and correct I understand that giving false information is an offence which is punishable in terms of section 31 of the Act.		
<input type="checkbox"/>	Copy of applicant's Identity document	<input type="checkbox"/>
<input type="checkbox"/>	Copy of business owner's Identity document	<input type="checkbox"/>
<input type="checkbox"/>	Certificate of competency from municipality	<input type="checkbox"/>
<input type="checkbox"/>	Copy of SARS registration	<input type="checkbox"/>
<input type="checkbox"/>	Copy of CIPRO certificate (if applicable)	<input type="checkbox"/>
Signature _____	Date signed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>D. DECLARATION BY BUSINESS OWNER</b>		
I, _____ the business owner hereby declare that the information supplied above regarding myself is true and correct and further declare that the above-mentioned _____ is my employee and that all the details supplied above are to the best of my knowledge and belief true and correct.		
Signature _____	Date signed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>E. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN</b>		
<b>APPLICATION RECEIVED BY:</b>		
Surname	<input type="text"/>	
Forenames in full	<input type="text"/>	
Persal number	<input type="text"/>	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature _____	Official Stamp	

G.P.-S. 017-0150

DHA-20



**DEPARTMENT: HOME AFFAIRS**  
**REPUBLIC OF SOUTH AFRICA**  
**ABRIDGED DEATH CERTIFICATE**  
(Issued in terms of Act No. 51 of 1992)

Certified a true extract from the death register of:

Identity number

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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*