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CONTENTS · INHOUD

No.

Page Gazette No. No.

GENERAL NOTICE

Home Affairs, Department of

General Notice

383 Births and Deaths Registration Act (51/1992): Publication of the Draft Regulations on the Registration of Births and Deaths, 2012: For public comments......

35346

GENERAL NOTICE

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 <u>Tsietsi.Sebelemetja@dha.gov.za</u> and <u>Moses.Malakate@dha.gov.za</u>

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

| | GOVERNMENT NOTICE | |
|-------|----------------------------|--|
| | 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-
 - 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
 - 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 vear—
 - (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
 - 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 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 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:
 - 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):
 - 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;

- 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 aplicable; and
- (e) in support of the application, submit the following documents:
 - 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 under a provision of these regulations, is regarded as having done under the latter provision.

Short title

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

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| | | | | | [Bi | rth: | s a | nd | Dea | aths | s R | egi | stra | tio | n A | ct ! | 51 c | of ' | 199 | 2] | | | | | | | | | | | |
| To be completed in full and sub completed in black ink with BLC not be accepted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | sh | ali | |
| Date of application | | Y | Y | Y | Y | | М | M | [] | D | D | | | | gistr Day | | with | nin | | | | | | afte to 1 | r year | 1 | | | | | |
| A. DETAILS OF THE CHILD | | _ | | _ | _ | _ | _ | | _ | | | _ | \perp | | | | | _ | 1 - | 1 | ı — | т- | _ | _ | _ | | | _ | | | _ |
| Sumame | | 느 | | | 20.0 | _ | | | | _ | | L | Щ | | | | Ц | L | _ | _ | L | _ | L | H | 느 | L | L | 닏 | _ | | 닉 |
| Forenames in full | _ | 1000 | | | | | _ | | | | | L | Ш | | Ц | | | Ļ | | | | | | _ | L | L | L | Ш | | | |
| Date of birth | Y | Y | Y | Y | - 8 | M | M | M | М | M | М | М | M | М | Ц | D | | | _ | onth | in N | (1) | | Ge | nder. | _ | | Ш | = | | Ц |
| Place of birth: City/Town | _ | _ | L | Щ | _ | Ц | _ | | _ | L | | L | , ii | Ц | Ц | | Prov | ince | L | L | Ļ | _ | L | L. | L | L | L | Щ | Щ | Ц | Ш |
| Country of birth | | <u> </u> | | | پ | Ц | | _ | | Ļ | Ш | | Ц | \sqcup | | 3-3 | Ц | _ | L | _ | _ | | | | | | | | | | |
| Are the parents of the child married to each other? | | | | If Ye | 5, n | ature | of n | nama | ge | L | Civi | 1 | | Cus | toma | ry | | Crv | ıl Un | on | L | Rel | giou | s: S | pecit | <u>_</u> | | | | | |
| Date of marriage | Y | Y | Y | Y | | М | М | | D | D | # Ye | es, e | nclos | e e e | certifi | ed c | ору | of ti | e m | arrieg | je ce | ntific | ale | | | | | | | | |
| COMPULSORY: Reasons for regist | terir | ng aft | er 30 | day | s up | to 1 | yes | r mu | st b | ma | de o | n DI | IA-28 | 88/A. | | | | | | | | | | | | | | | | | |
| B. DETAILS OF FATHER (PA | ARE | NT. | A) | _ | | | | | | | | | - | | | | | | | | | 777 | | | - | _ | | | | _ | _ |
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| Maiden sumame | | | Г | П | | | | | | | | Г | | | | | | Ī | Ī | Ī | Ī | | Ī | | Г | T | Г | Π | \exists | | \Box |
| Forenames in full | | | | | ät | ī | | | | | | | | 200 | | | | | | T | Г | Ī | Ī | Ī | Ė | | П | \Box | | 32 | y 99 |
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| Citizenship | | _ | | | _ | | _ | | | | | F | \equiv | | P | eme | neni | /Te | mooi | ary p | em | 1.00 | F | T | F | F | F | 一 | \neg | | 二 |
| C. DETAILS OF MOTHER (P. | AR | ENT | B) (| In th | e ca | se of | Civ | il Ur | lon | this | sect | lon n | nust | be c | _ | - | | | | | | _ | _ | - | _ | _ | _ | _ | | _ | |
| Identity number (passport if foreigner | | | <u> </u> | | | | | l | | | П | | | | | | | | | te of | | | Г | | | 1 | n, | . 1 | . 1 | 1 | 7 |
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| Place of birth City/Town | _ | | | | - | | | | | Г | | | | | Cou | ntry | of bir | rth | | T | - | T | T | T | T | Н | | Ħ | \sqcap | = | f |
| Citizenship | | 1 | | | | Ħ | = | | | | H | | | | P | ems | nent | ı/Te | moo | ary p | em | d no | Е | 1 | H | | F | H | | = | 一 |
| D. ACKNOWLEDGEMENT C | FF | ATE | RN | TY | OF | A C | HILI | D B | ORI | 101 | UT (| OF V | VED | LO | | | - | | | ,, | - | _ | 8 1 | 1 | | | | | = | = | |
| I hereby declare that I am the biolo | | | | | | | | | | 18 | | | | | | cor | nsen | t to | the | ackn | owle | dge | men | t of p | oater | nity | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initials and surname | | | | | Sig | netu | ire | | | | | | G | | | Initi | els i | nd | sum | ame | | | | | | SI | gnet | ure | | | _ 1 |
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| (passport if foreigner) Date | | i | | | 000 | | | ĺ | | | • | | 3 | (pas Date | sspor e | t if to | oreig | ner) | Г | T | | | | | ŀ | | | | Γ | | _ |
| E. DETAILS OF THE LEGAL | GU. | ARD | IAN | SO | CIA | L W | OR | KEF | VNE | XT | OF | KIN | /INF | OR | MAI | NT | | | | | _ | 30 | | | | | | | | | |
| *Compulsory if notice is not given | by 1 | the p | aren | t - Fo | m | DHA- | 288 | /B m | ust | also | be c | omp | leted | 1 | | | | | | | | | | | | | | | | | |
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| Social Workers Case No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | \prod | | | | | | | | | | | | | 9 | | | | | 92350 | | | | | | | \Box | | | | |
| Forenames in full | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | | Cou | ntry | of bi | rth | | | | | | | | | | \Box | | | |
| Residential address Street | | | | | | | | | | | | | | | | | | | | L | | | | | | | | | | | |
| Town/Village | | | | | | | | | | L | | | | | | | | Pro | vince | L | | L | | | | | | | | | Ц |
| Telephone no., incl. area code | | | | | | | | 1 | | | 1 | Cell p | hone | 00 | | | | | 0 | | L | L | | | Po | stal | code | L | | | |
| Citizenship | | | | | | | | | 30553 | | | | | | P | em | anen | t/Te | mpo | nary (| erm | il no | L | | | | | | Ш | | |

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|--|--------------------------------------|--------------------------|--------------------------|--|
| F. DECLARATION | | | | |
| f, | , hereby declare that the | e information supplied i | is to the best of my kno | owledge and belief, true and correct, I understand |
| Informant | 21 Of the Chill's Blin Desgris Media | addit Ad Of 1532. | 455 - 1574 T. A.D. | |
| | | Date | A 7 3 | 7/ Si C 2 |
| 12 W | 100 | | | |
| initials and surname | Signature | Place | | |
| Relationship to the child. Father (Parent A | Mother (Parent B) | Legal guardian | Social worker | Next of Kin |
| G. FOR OFFICIAL USE ONLY - OFFI | ICE OF ORIGIN | | Ī | Office stamp - Office of origin |
| NOTICE OF BIRTH RECEIVED BY: | | | - 1 | i |
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| Surname | | | | |
| | | | Î | i |
| First name | | | | |
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| DOCUMENTS SUBMITTED WITH THIS APPLIC | CATION: PLEASE TICK | | | |
| Birth Registration within 30 Days: | Birth Registration aft | er 30 Days, additional | documents: | If foreign birth, additional documents: |
| Confirmation of Birth | Proof of Paternity | | | Certified copy of the Foreign birth certificate of the child |
| Certified copy of Father's/Parent A's ID docu | ument (if School Letter | | | Citizenship determination form BI-529 |
| applicable) | | | | (SA Parent) |
| Certified copy of Mother's/Parent B's ID doc | | f School register | | Citizenship determination form BI-529 (Child) |
| Certified copy of Legal Guardian/Social Worldocument | Affadavit | | | |
| Certified copy of Marriage Certificate of pare | ents (if | | | |
| married) | 220 | | | |
| BI 1658 if mamed religiously i.e. Muslim, Hir | ndu | | | |
| Medical Report: Same Sex Parents | | | | |
| Certified copy of Social Worker's Registratio | n | | | |
| Online verification performed and printouts at | tached for following persons: | | | |
| Father (Parent A) Mother (Parent B | | Social worker | Next of Kin | |
| | | l c | | |
| CARLE | Signa | TOTA | - | ======================================= |
| H. APPLICATION VERIFIED | | | | |
| Date | | Initials and suma | me | <u> </u> |
| I hereby declare that I have verified the applicate | on and registration | Signature | 56.06 | 5 5 700 |
| 20 20 | m 27 | E4 | | |
| | | Persal number | | |
| | | | W - 10 - 1 | |

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| To be completed in full and sul consulate. The informant to pro | bmit | ted a | at th | ne D | epar | tme | nt o | f Ho | me | Affa | airs' | offic | e o | r to a | a So | uth | Afri | can e | mba | ssy | or | | | | | | | | | | |
| BLOCK LETTERS. Please ma Applications that are not leg | rk G | d th | e CO | ORR | ECT | T bo | X, W | her | | | | | | | | ,,,,,, | | 0.00 | | | | | | | | | | | | | |
| Date of application (YYYYMMDD) | | Г | T | Г | | | | | | | | | | | | | | | | | 100 | | - | | | | | | | | |
| A. DETAILS OF THE CHILD | 7 | | ė. | - Marie Co | SCST IS | | ::: | | | <i>60</i> | | | | | | | | | | | | | | | | | | | | | |
| Sumame as at birth | | | | | | | | | | | | | | | | | | | | | 1 | | | - | | | | | | | |
| Forenames in full | | | | | | | | | | | | | | | | 8 | i GE | 5 | | | | | | | | | | 27 | | | |
| Date of birth (YYYYMMDD) | | | | | | | | | | | | | | | | Gen | der. | | L | 1 | | | | | | | | | | | |
| Place of birth; City/Town | | | | | | | | | | | 5 | | 300 | | | F | Prov | ince | ay S | | | - | | | | | | | | | |
| Country of birth | | | | | Ц | | | | | | - 3 | | | 140 | | | | Ļ | 4 | | | ř | _ | | | | ode | | | 2.00 | |
| Are the parents of the child married | to e | ach (| other | n | | | | | | HY | 85, N | ature | of r | nami | 100 | | Civi | _ | _ | usto | ⊸ ੰ | 1 | 4 | Civi | unic | n | | Oth | ır | | |
| Date of marriage (YYYYMMDD) | \vdash | ⊨ | _ | H | | | | H | | _ | 1 2 | | | 9 | dage | certi | fica | e encl | osed | - | ^ | es | _ | _ | No | | | | | | |
| Telephone no., incl. area code | L | Ц | L | ١., | | | | <u></u> | | | 0 | eti p | hone | : по. | | | | - 1 | | 8 | 1 | _ | | ÷ | | | | | | | |
| Provide reason why the birth was n | | | | | | | | | the B | linh | and | Dea | iths ! | Reals | utratio | on Ac | :1 51 | of 19 | 92 | | | | | | | | | | | | |
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| <u> </u> | | | | | | | | | | _ | _ | | | | | _ | | _ | | | | _ | | | | | | | _ | | _ |
| B. DETAILS OF PARENT 1 | (FA | THE | R) | | - 68 | | | | | | | | | | Ī | | | | | | | | | | | | | | | | |
| Identity number | | | | | | | | | | | | | | | Date | of b | dith | (*** | MMD | D) | | | | | | | | | | | |
| Sumame | | | | | | | | | | | | | | | | | | | \perp | 1 | 1 | | | | | | | | | | |
| Previous/Maiden sumame | | | | | | | | | | | | | | | | | | | \perp | | 1 | | | _ | | | | | | | 600 |
| Forenames in full | | L | | | | | | L | 00000 | | | | | | | | | Щ | | 1 | | _ | _ | | | L | | | | | |
| Registered place of birth | | | | | | | | | | | | | | | Cou | ntry (| of bl | rih | | 1 | 1 | _ | | | | | L | | \sqsubseteq | Ц | |
| Current contact address Street | L | | L | <u>L</u> | L | | | | _ | | _ | | | | | | | | <u> </u> | 1 | 1 | | | | | | L | L | \sqsubseteq | | |
| Town/Village | L | | L | | | | | | | L | | L | | L | | | 8 | Provin | ce | 1 | 1 | _ | _ | | L | | L | | \sqsubseteq | Ц | |
| Telephone no., incl. area code | | L | L | L | | | | L. | | L | C | ell p | hone | no. | L | | | Ш | 1 | L | 1 | Ļ | 4 | _ | Pos | staf | ode | Ш | ᆜ | | _ |
| Citizenship | L | L | <u> </u> | | | | | L | | <u>L</u> | L | L | | | F | erm | aner | nt nesid | lence | pen | mit r | ю. | Ц | | _ | _ | | | | | |
| C. DETAILS OF PARENT 2 | (MO | TH | ER) | _ | | | | | | | _ | | _ | 1 | Date | (- | Jeh | (**** | | וחו | г | _ | | - | | _ | _ | | \neg | ľ | |
| Identity number Surname | | H | ╁ | \vdash | H | H | | H | H | _ | | H | | | Dan | OIL | mu | | MINI | | 누 | + | 믁 | = | | H | | _ | 러 | | |
| Maiden sumame | - | ╁ | ⊨ | + | - | _ | | H | | H | | | - | | | | _ | + | ÷ | + | + | ᅥ | + | _ | _ | | - | _ | \dashv | = | |
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| Registered place of birth | H | - | H | - | - | | | H | H | | H | | H | 1 | Cou | ntry | of bu | nh | $^{+}$ | 十 | + | + | | _ | _ | | H | _ | _ | | = |
| Current contact address Street | H | + | + | + | _ | - | H | \vdash | ⊢ | H | - | _ | H | 0000 | · · | | | | ÷ | + | + | ┪ | = | | _ | | H | \vdash | \equiv | Н | \dashv |
| Town/Village | = | + | t | + | H | H | H | H | H | H | 1 | - | + | - | | H | | Provin | ce | ÷ | + | + | ᅥ | | = | | H | | = | H | _ |
| Telephone no., incl. area code | F | + | t | + | H | | | | H | H | 1 | ell p | hone | no. | - | Н | | П | - | $^{+}$ | t | ╡ | = | - | Po | stal | ode | | \equiv | | |
| Crtizenship | | + | 1 | 1 | | H | | | | T | | | Γ | 1 | - | em | ane | nt nesid | lence | per | mit r | no. | | | | Г | Г | | | | |
| D. ACKNOWLEDGEMENT | OF I | PAT | ER | NITY | OF | AC | HIL | DE | OR | N C | UT | OF | WE | DLC | | -,2170 | 1000 | | NAME: | | | | | | | _ | | | | | |
| I hereby declare that I am the bid | logic | cal fa | ather | r of ti | he ct | hild | | | | | | | | Mot | ther | s per | mis | sion t | the | ack | now | led | gem | ent | of p | aten | itty | | | | |
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| Initials and surname | | | | | Sig | natu | re | | | _ | | | | _ | | Initi | ais i | end su | rnen | 10 | - | _ | | | | Sig | natu | re | _ | | |
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| E. DETAILS OF THE INFOR | MANT | - | | | | | _ | | | | | _ | | - | | | | | | - | _ | | | | _ | | _ | - | | - |
|--|----------|--------|--------|---------|---------|-----------|------------|-------|--------|----------|----------|-------|-------------|------------|------|----------------|--------|--------|----------|------|-------|---------|------|-------|----------|------|------|-------|-----|----|
| Identity number | | T | Т | Т | Т | Т | Г | | | | | Г | 7 | Date | e of | plrth | m | MY | MDD |) | 1,000 | | | 7 | | | П | | | |
| Surname | | $^{+}$ | + | + | + | | t | | 1 | H | T | T | ┰ | | | Γ | | | Г | | F | | | | | | + | 7 | Т | ٦ |
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| Registered place of birth | + | + | + | + | + | + | - | - | - | H | H | - | | Cou | into | of b | inh | - | - | H | - | H | | | | | | + | + | |
| Current contact address Street | + | + | + | + | t | + | H | | H | - | + | H | 1 | | , | | 1 | - | | - | - | | | | | | | + | 10 | 4 |
| Town/Village | + | + | + | + | + | + | + | | - | \vdash | - | - | + | - | | 1 | Prov | inc | - | - | t | | H | | | H | | + | + | ╡ |
| Telephone no., incl. area code | ++ | + | + | + | + | + | t | | - | 1 | Cell | L. | ne no. | - | | 1 | T | | - | + | - | H | | Por | stal o | ode | H | + | + | 4 |
| Citizenship | + | + | + | + | + | + | - | | - | 1 | T | T | 7 | _ | em. | nane | nt re | side | nce r | em | no no | - | H | | | | | + | | ╡ |
| Relationship to the child. | Paren | 111 | (Fath | er) | ╁ | Pa | remi 2 | (Mc | ther |) | | Fs | amily r | | | | | | - | | 1 | - | | | | | | + | | ╡ |
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| <u></u> | Other | | | | ty L | ╁ | Г | I | Г | Г | T | T | 1 | | | Т | I | Г | Т | - | | t | - | | 200 | H | | + | + | |
| F. DECLARATION | 1 | | | | _ | | 1 | | 1 | _ | _ | _ | | - | | _ | 1 | _ | _ | _ | _ | _ | _ | | | _ | _ | _ | | _ |
| 1. | | | | | | | | (the | info | ma | ant), | he | reby | dec | lare | tha | ıt all | infe | ımı | tion | sup | plie | d by | me | on | this | appl | icati | on | |
| form is true and correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| informant | 1 | | | - | | | - | | | 1 | | D | ate (Y | YYY | MMC | (0) | | | 1 | Т | Г | 1 | Г | | 1 | | | | | |
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| initials and surname | | | | s | igna | ture | _ | | | 1 | | -1 | act. | | | | _ | | 1 | _ | _ | _ | _ | | | | | | | |
| Child (15 years and older) | 1 | | | | and di | | - 60 | -57 | T) | 1 | | D | ate (Y | YYYI | MM | (D) | Г | Т | T | T | 1 | | | | 1 | | | | | |
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| FOR OFFICIAL USE ONLY | - OF | FI | CE | OF (| ORIO | GIN | | | | | | | | | | | | | ſ | | 0 | ffice | ștem | p - O | FFIC | E O | FOR | IGIN | | ٦ |
| NOTICE OF BIRTH RECEIVED BY | | | | | | | | | | | | | | | | | | | j | | | | | | | | | | | 1 |
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| Affidavit DHA-288 | | | | | L | E | ch pa | ige o | n Aff | iday | rit is i | ппи | alled t | y inf | omu | ant a | nd C | omr | nissio | ner | of O | aths | | | | | | | | |
| 2 photographs of the child, 15 | years a | and | olde | | | D | IA-24 | VA fo | or the | chi | ild | | | | | | | | | | | | | | | | | | | |
| Original ID document of inform | ant wa | s pr | eser | ited | Γ | DH | tA-24 | VA to | or the | e infi | orma | nt | | | | | | | | | | | | | | | | | | |
| Certified copy of informant's IE | | | | | Ē | ≒ | | | | | | | y only | i i | | | | | | | | | | | | | | | | |
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| Marriage certificate of the pare | | | | | F | = | | | | | ation | | | | | | | | | | | | | | | | | | | |
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| Parent 1 (Father) | rent 2 (| Mot | her) | | | nform | ant | | Re | fere | nce p | ers | ion (if | appli | cab | le) | | CI | ıild | | | | | | | | | | | |
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| If Online verification is available | at the | fron | nt off | ice. e | leas | e pm | vide 1 | the f | inge | morte | nt vė | rift- | ation | nes: | ita. | | | | | | | | | | | | | | | |
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DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

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.

| A. DETAILS OF THE INFOR | MAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If you are not the parent or the legal | gua | rdian | , pro | vide | the n | ason | why | y you | are g | giving | the n | otice (| of birth | (CO | MPU | LSO | RYS | ECT | ON | | | | | | | | | | |
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| B. DETAILS OF THE CHILD | | | | | | <u> </u> | | _ | | | | | | | | | | | | | | | | | | | | | _ |
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| C2. RELIGIOUS CEREMONY PERF | ORI | MED | ONT | HE C | HIL | <u> </u> | | | | | \neg | - | | | | | | | | | _ | _ | | | | | Г | _ | _ | | \Box |
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| C3. PRE-SCHOOL OR CRECHE A | TEN | VDE | 5 | | | | | | | | | | | | | | | | | | | | | | | | | _ | | | |
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| Contact address Street | | | | | | | | | | | | | | | | 35.5 | | | | | | | \ <u></u> | Π | | | | | | | |
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| C4. PRIMARY SCHOOL ATTENDE | | | _ | _ | _ | | | 2200 | | 303732 | 30,214 | | | | | 000000 | | nesero. | | 055420 | | | | | | | | | | | |
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| Contact address Street | L | | | | | | | | | - 1 | | N/s | | | | | | 63 | | 100 | | | L | | | | | | \perp | | Ш |
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| Grade at ad | miss | ion | П | П | | | | Г | | | | | High | est | grade | e pa | ssed | | Г | Γ | | | | T | | | 1 | | | | |
| C5. SECONDARY SCHOOL ATTER | VDE | 5 | _ | | _ | | | | | | | | = | 1205.000 | | ****** | | | _ | _ | | | | _ | | | 4 | _ | _ | | |
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| C6. EMPLOYMENT RECORD - TH | E MC | OST | REC | ENT | MP | LOY | ER | | | | | i mai | | | | | 200 - 50 | | | 0.15 | | | | 100 | | | | | | | |
| Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical address Street | | Τ | | | | | | | | | | | | | | | Г | | Γ | | | Г | Г | Π | Г | Г | Γ | | П | Γ | П |
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| Telephone no incl. area code | | i | T | | - | | | | | | | - | Cell p | hone | no | | | _ | - 65 | | | | | | | 1 | | | | _ | 1 |
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| Period of employment (YYYYMMD) | <u></u> | Fro | m | | | | _ | - | | | | | То | H | - | | | | H | - | - | - | 1 | 1 | | _ | | 1_ | 1 | _ | 1 |
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| Nature of work performed | | 1_ | 1 | | | | | _ | | 3-2 | | | 1 | <u> </u> | | _ | | | | | | _ | _ | 1_ | | _ | | | 1 | \perp | 1_ |

| C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2-C6 WERE COMPLETED The reference to the birth is: Witness to the birth Family member Legal Guardian Pastor / Pnest Thoal Authority Person who raised the person Social worker Other, please specify Identity number Date of birth (YYYYMMDD) Passport no /Permanent residence permit no. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---------------|--------------------------|------------|------------|--------|-------|-------------|---------|-------|--------|-------|---------|-------|-------|---------|-------|--------|------|------|-------|-------|--------|
| C7. REFERENCE PERSON TO THE The reference to the birth is: | CHILD | - COI | MPUL | SORY | IF NC | ONE (| OF SE | EÇTIÇ | NS C | 2-C8 | WERE | E COM | PLET | ED | | | | | | | | | | | L | JHA-26 |
| C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2-C6 WERE COMPLETED The reference to the birth is: Witness to the birth Family member Legal Guardian Person Social worker Other, please specify Identity number Citizenship | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tribal Authority | REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2-C8 WERE COMPLETED * reference to the birth is: Witness to the birth Tribal Authority Person who raised the person Social worker Other, please specify Tribal Authority Person who raised the person Social worker Other, please specify Intelligent Person who raised the person Person who raised the person Citizenship | | | | \Box | | | | | | | | | | | | | | | | | | | | | |
| Identity number | | | | | | | | | | | | Cit | zenst | nip [| | | | | 3 83 | | | | | | | |
| 7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2-C6 WERE COMPLETED the reference to the birth S: Witness to the birth Family member Legal Guardian Pastor / Pnest Tribal Authority Person who raised the person Social worker Other, please specify | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Authority Person who raised the person Social worker Other, please specify Other, | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2-C6 WERE COMPLETED The reference to the birth Family member Legal Guardian Pastor / Pnest | | | | | | | | | | | | | | | | | | | | | | | | | | |
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DHA-288/A



DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

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

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

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| . DETAILS OF THE PAR | RENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| he Notice of Birth is | true and c | orrect, a | nd I un | derstan | d that | a fals | e stat | emen | it is pu | nisha | able u | nder s | ection | 31 0 | 1 the | Births a | and De | aths F | Registr | ation | Act 51 of | 1992 |
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| Signature of depone | nt | | | | _ | | | | | | | _ | | Date | (YY | YMMD | D) | V V | e e | r | W H | 5 5 |
| certify that before a | dministenn | g the oa | ith I asi | ked the | depon | ent tř | ne foll | owng | ques | tions | and w | rote d | own I | ns/he | r ans | wers in | his/he | r pres | ence: | | | |
| 1) Do you know an | d understa | ind the c | ontent | s of this | declar | ration | ? | | | , | Answe | r | - | | | | | | | | | |
| 2) Do you have an | y objection | to takin | g the p | rescribe | d oath | 17 | | | | , | Answe | r. | | | | | | | | | | 100 |
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| certify that the depo deponent's signature | | | | | | | | | ands | the co | ontent | s of th | is dec | dereti | on w | hich wa | is swon | n to/al | ffirmed | d befo | re me and | i that the |
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DHA-288/B



DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

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

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

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| . DETAILS OF THE NEX | TOF | KIN | /LE | GA | L GI | JAR | DIA | N | | | | | | | | | | | 1.10 | | | | | | | | | | |
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| ate of birth (YYYMMDD) | | | | | П | ī | | | V. | Pass | part n | o./Pe | mar | ent n | side | nce p | enni | it no. | П | | | Τ | T | T | T | T | T | T | T |
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| revious/Maiden sumame | | | П | | | T | | | | | | Ť | Ť | Ť | T | T | | T | | | T | Ť | Ť | Ť | Ť | Ť | Ť | Ť | T |
| orenames in full | F | Ī | | | | | | | | | | 1. | Ť | 1000 | T | T | | Ī | T | T | T | T | T | T | Ť | Ť | Ť | Ť | Ť |
| registered place of birth | | | | -5100 | Ħ | T | | | | | | T | | Co | untry | of b | irth | | | T | | T | T | Ť | Ť | Ť | T | T | Ť |
| telationship to child | | Nex | et of I | kın | | | Leg | al gu | ardı | an | | s | pecif | y rela | ions | hip to | chile | <u>. </u> | | Г | | T | T | T | T | 1 | T | | T |
| you are not the parent , provide | e the re | ason | why | you | are ç | giving | the | noti | ce o | f birth | CON | IPUL | SOR | Y SE | CTIO | N) | | | | 8 | | | • | | | - | | | |
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| B. DETAILS OF THE CHIL | -D | _ | | | | | | _ | _ | - | | _ | _ | - | _ | _ | _ | _ | | _ | _ | | _ | | _ | _ | | | _ |
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| Date of birth (YYYYMMDD) | L | | | | | | | | | | | | | | | Ge | nder | | | | | | | | | | | | |
| Place of birth | | | 0.00 | /SESSO | | - 8 | | | | | | 1 | | | L | | | | | | | L | L | | | | | | |
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| B. DETAILS OF THE CHII | LD'S (| SRA | NDI | PAR | ENT | | | | | (10) | - 5, 10 - 5- | | | | | | 576 | | | | | | | | | | | | |
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| Registered place of birth | F | Ħ | | S | | | | | H | Г | П | Т | | Co | untr | y of b | irth | F | T | T | T | t | t | Ť | Т | T | Т | Т | T |
| o | F | Gra | endm | othe | , | - | _ | Gra | ndfa | ther | | _ | | | | | | | | | _ | | | | | _ | _ | | |
| Specify type of drandparent | 느 | | | | _ | _ | _ | 1 | | | | | | | | | _ | 35 | | _ | 2 | | _ | - | | | | | _ |
| | HE NO | OTTC | EG | IVE | N B | YN | EXT | OF | K | N/L | EGA | LG | UAF | RDIA | N | | | | | | | | | | | | | | |
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| C. COMPULSARY FOR T | = - - = | | | | | deci | | | | | | | | | | | | | • | | | | | | | | - 22 | | |
| Specify type of grandparent C. COMPULSARY FOR T reason(s) | | | | | | deci | | | | | | | | | | | | | | | | | | | | | | | |

| | <u> </u> | | | | | | | | | | | | | - 27 | | | | | - | | | | 3 | | | | | | | | DHA | -288/B |
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| D. | DECLARATION NO | OTE: C | Comi | miss | ione | r of (| Daths | mu | st be | an a | auth | orise | od D | на с | offic | ial . | at th | e of | fice | wh | ere a | pplic | ation | is s | ubm | itt | ed | | | | | |
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| | in this Affidavit and to Act 51 of 1992 | he Note | ce of | Birth | n is th | ie au | d com | ect, a | ind i u | inder | rstan | d tha | t a f | next alse s | tater | nen | egal (| guar unis | dian) habii | l, he e un | reby der s | decia ection | e und 31 of | er oa the E | en en Births | at t | he i | nfoi eat | mati hs R | on su egist | ratio | n n |
| | Signature of depone | nt | | | | | | | | | | | | | | | | | Date | m | YYM | MDD) | | 7, | | | | | | | | |
| | I certify that before a | dminist | enng | the | oath | aske | d the | depo | nent 1 | the fo | ollow | nng q | uest | ions a | and v | wrot | e do | wn h | is/he | r an | 5Wer | s in hi | s/her p | orese | nce: | | | | | | | |
| | (1) Do you know an | id unde | rstan | nd the | e cont | ents | of this | decl | aratio | n? | | | | A | nsw | er | 84 | _ | | | | -115 | | | | | | | | | | |
| | (2) Do you have an | y objec | tion t | to tak | ing tr | e pre | scribe | ed oa | th? | | | | | A | nsw | er | | | | | | | | | | | | | | | | |
| | (3) Do you consider | r the nr | escol | hed o | nath a | s hin | dino o | n voi | ır con | scier | nce? | | | | nsw | or | 3) - | | | | | | | | | | | | | | - | |
| | (5) Do you consider | i iie pii | 0.3011 | 000 | , u | | og o | , | | 300. | | | | | | | 8 | | | | | | | _ | | _ | _ | _ | _ | _ | = | |
| | Signature of depone | nt | | | | | | | | | | | | | | _ | | | Date | m | YYM | MDD) | | | | | | | | | | |
| | I certify that the depo | | | | | | | | | | | | ids t | he co | nten | ts o | f this | dec | larat | ion v | which | was | wom | to/aff | ime | d b | efo | ne m | ne an | d tha | it the | • |
| | deponent's signature | or mar | rk wa | as affi | ixed t | o the | decla | ration | in m | y pre | seno | ce. | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the Con | mmissio | 001.0 | of On | the | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the Con | ramssio | riei c | JI Oa | ura | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Forenames | | | | | | | | | | | | | \perp | | | | | | | | | | | | | | | | | | |
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| | Designation (rank) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Business address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|) Hille | | | | | 31.20. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| N | OTICE OF BIRTH | AND A | AFFI | DAV | /IT R | ECE | IVE | р ВУ | ': | _ | _ | | _ | | | -1 | | | -1 | | | | | | | | | | | | | |
| | Sumame | Ш | | | 4 | + | _ | L. | Ш | 4 | 4 | 4 | 4 | 4 | _ | | | | | _ | | | | | | | | | | | | |
| | Forenames | \vdash | _ | 4 | | L | _ | L | | | | Ц | | | | | | | | _ | | | | De | part | tm | ent | al S | Stam | p | | |
| | Persal number | Ц | | 4 | 1 | 1 | 1 | - | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Signature | | | | | | | | | | | | | | | | | | | | | | | | _ | _ | | | | | | |
| Th | e deponent and the | Commi | ssioi | ner o | f Oat | hs to | initia | l eac | h pag | e of | the / | Affida | vit. | | | | | | | | | | | | | | | | | | | |

G.P.S 017-0666 DHA-529



DEPARTMENT: HOME AFFAIRS

REPUBLIC OF SOUTH AFRICA

DETERMINATION OF CITIZENSHIP STATUS

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

| A. | PEF | SONAL PARTICULARS |
|-----|------------|---|
| 1 | SUR | NAME 2. MAIDEN NAME |
| 3. | FOR | ENAMES (in full) |
| 4. | DAT | E OF BIRTH 5 PLACE OF BIRTH |
| 6. | IDEN | NTITY NUMBER |
| 7. | If bo | rn outside South Africa, please state— |
| | (a) | Date on which you first entered South Africa for permanent residence |
| | (b) | The period(s) (dates) of your residence in South Africa. |
| | (c) | Number of immigration permit and date of issue |
| | (d) | Number of certificate of naturalisation and date of issue |
| 8. | If bo | rn in Namibia, please state your permanent residential address as on 1990-03-21 |
| 9. | If yo | u were absent from South Africa state — |
| | (a) | Date(s) of your departure |
| | (b) | Reason(s) for your departure |
| | (c) | The date on which you returned to South Africa permanently |
| 10. | Part | iculars in respect of foreign citizenship |
| | (a) | Citizenship acquired (country) (b) Date and place of acquisition |
| | (c) | Means of acquisition of foreign citizenship, i.e marriage, naturalisation, descent or registration? (Please attach copy/proof |
| | | thereof) |
| | (d) | Did you apply for the retention/re-instatement of South African citizenship? YES/NO. If YES, attach a copy of the relevant certificate. |
| 11. | Date | e of marriage of your parents |
| В. | MA | RITAL STATUS |
| 1 | Plea | se 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) | Penod(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 |
| | (I) | Nationality of your spouse |

| C. | C. FATHER'S PARTICULARS | DHA -529 |
|------|---|--|
| 1. | 1. SURNAME | |
| 2. | 2. FORENAMES (in full) | |
| 3 | 3 DATE OF BIRTH | F BIRTH |
| 5 | 5 IDENTITY NUMBER | 100 J. 10 |
| 6. | 6. (a) If he was born outside South Africa, the date on which he entered South | Africa for the first time for permanent residence. |
| | W 1777 T | W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | (b) Period(s) (dates) of his residence in South Africa | |
| | (c) Number of immigration permit and date of issue | |
| | (d) Number of certificate of naturalisation and date of issue | |
| 7. | | |
| **** | (a) Date(s) of his departure | |
| | (h) Paganga) for his decadure | |
| | (c) Date on which he returned to South Africa permanently | f II it of a transfer in the sea of |
| 8 | | A MANUAL STATE OF THE STATE OF |
| 0 | | along of accordable a |
| | | place of acquisition |
| | (c) Means of acquisition of foreign citizenship, i e. marriage, naturalisation, descen | t or registration? |
| D. | D. MOTHER'S PARTICULARS | |
| 1. | 1. SURNAME 2 MAIDEN N | NAME |
| 3 | 3 FORENAMES (in full) | |
| 4 | 4 DATE OF BIRTH 5. PLACE OF | BIRTH |
| 6. | 6. IDENTITY NUMBER | |
| 7. | 7. (a) If she was born outside South Africa, the date on which she entered South | Africa for the first time for permanent residence: |
| | THE REPORT OF THE PARTY OF THE | |
| | (b) Period(s) (dates) of her residence in South Africa | , as a see page 110. The representation of the second section of the section of the second section of the s |
| | (c) Number of immigration permit and date of issue | |
| | (d) Number of certificate of naturalisation and date of issue | er un communication de la |
| 8. | 8. If she was absent from South Africa state— | |
| | (a) Date(s) of her departure | S SASSINE AND ME S SANSAS SES UNICODE DES |
| | (b) Reason(s) for her departure | |
| | (c) Date on which she returned to South Africa permanently | a comment of the |
| 9. | Particulars in respect of foreign citizenship: | |
| | (a) Citizenship acquired (country) (b) Date and | place of acquisition |
| | (c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descen | at or registration? |
| E. | E. CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS COR | RECT |
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G.P.-S. 017-0063

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-1682



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.

| · Affidavits D and E: Sworn to | by na | itura | I fati | ner a | nd n | atur | al m | othe | er be | fore | an a | auth | orise | ed He | ome | Affa | irs of | ficia | al. B | oth (| depo | nen | ts m | nust i | be p | res | ent a | t the | time | ð. | |
|--|---------|---------|----------|--|---------|--------|--------|--------|-------|-------|----------|---------|--------|-----------|----------|--------|--------|--------|--------|-------|----------|--------|-------|--------|---------------|-------|-------|--------|-------|--------|--------------------------|
| A. CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dentity number | | | Ι. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | - 8 | | | | | | | | | | Ι | | | | |
| Forenames (in full) | | | | 1 de la constante de la consta | G 25 | | | | | | 3.37 | Š. | | ĵ | | | | | | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 92 |
| PREVIOUS CORRECTIONS | OR | AL | TE | RAT | ION | ST | 00 | HIL | D'S | PA | RT | CU | LAF | RS | | | | | | | | | | | | | | | | | |
| lease indicate any previous corrections | or alte | eration | ns to | the ap | plicar | t's p | articu | lars (| such | as su | твт | e, fon | enam | e, pla | ce of | birth, | date o | of but | th, ge | nder |) or a | ny cha | ange | s to s | uch p | artic | ulars | of the | apple | cant's | pan |
| Previous particula | rs | | | | Р | artic | cular | rs af | ter c | orre | ction | or a | alter | ation | | ı | Date | corr | recte | ed o | r alte | ered | | Re | aso | on fo | ır co | rect | ion o | r alt | erat |
| The transport of the state of t | | | <u> </u> | | | | | | | | | | | | | | | | | | | | | | 2000 | | | | | | |
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| B. NATURAL FATHER (A | plic | ant |) | | | | | | | | | | | | | , | | | | | - Common | | | | | | | | | | |
| dentity number (passport if foreigner | | | | | 3 | | | | | | | | | | | | | | | | | | | | | | _ | | | ì | JA. |
| Surname | | | | | | Š. | | | | | | 8 | | | | | | | | | | | | | | | | | | 3 | 780 |
| Forenames (in full) | | | | | L | | | | | | | | | | | | | | | | | | | | | | | | | , | משנים |
| Place of birth | | | | | | | | | | | | | | | | 55-61 | | | | | | | | | | | | | | | Left (numbprint of famer |
| Country of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | - | 5 |
| Citizenship | | | | | 0.00 | | | | | Реп | maner | nt resi | idence | e pem | it no. | c=list | | | | | | | | L | | | | | | | 67 |
| C. NATURAL MOTHER | | | | | | | | | | | | | | Catherina | | | | | | | | | | | | | | | | | |
| Identity number | | _ | | T | | - | 1 | | Г | Г | Ī | 1 | | Г | | ĺ | | | | | | | | | | | | | | | |
| Sumame | - | \pm | t | + | | _ | | T | - | t | - | Ť | H | Ħ | | | | | | | | Г | | _ | | | _ | _ | | _ | |
| Maiden/previous surname | | T | T | T | T | | | T | | T | T | İ | T | | | T | | T | | Т | | | | | | | | | | o | |
| Forenames (in full) | | T | T | | | | | | | | (Inches) | | | İ | | | | | | | | | | | | | | | | print | à |
| Place of birth | | | | | | | | | | | | | | | | | orace | | | | | | | | | | | | | quin | Joth |
| Country of birth | | Π | | | | | | | | | | | | | | | | | | | | | | | | | | | | eft th | mother |
| Citizenship | | | | | | | | | | Реп | maner | nt resi | dence | e perm | it no | | | | | | | | | | | | | | | J | |
| D. AFFIDAVIT BY NATUR | AL F | AT | HEF | 2 | | | | | | | | | | | | | | | | | | | | | | | - | | | | |
| I, the undersigned, hereby certify the | at I am | n the | ners | on wt | inse i | nartic | ular | s ani | near | unde | r R a | hove | and | that t | he na | artica | lars f | ımis | hed | are l | n the | hesi | of r | nv kn | nwle | dne | and l | relief | true | hne | |
| correct and in case it is not true, I sha | | | 1000 | | 0.00 | | | 100 | | | | | | | | | | | | | | | | .5000 | | | | | | | ·^^ |
| Section 31(1)(b) of Act 51 of 1992. I wish to be recorded as the r | | 21 8 | | | | | | | | | | | | різоі | III GIII | LIUI | pen | JU III | JI GAI | JCCU | iliy iii | ic je | ais t | лю | AUU1 3 | Suui | IIII | allu S | uurii | цлю | Offile |
| Signed | | on | this | | | | | | da | y of | | | | | Yea | ar | | | | | | | | | | | | | | | |
| 500 M cost 4000 | | - | | _ | à n | _ | - | | | • 038 | | | | - | | | | - | | | - | | | S | igna | ture | | | - | | 2% |
| | T | Т | T | T | | Г | П | П | Γ | 1 | Т | ř | Г | П | | | | | | Г | | | | П | Ť | T | T | | П | | Г |
| Residential address Street | 1 | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential address Street Town/Village | + | ╁ | ╁ | + | H | _ | H | Т | + | Ť | | | 1 | \vdash | | | П | | | | c | ode | Н | | - | T | Pm | vince | 广 | | \vdash |

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 | Town/Village o., incl. area code Cell phone no. ARATION BY COMMISSIONER OF OATHS at before administering the oath/affirmation, I asked the deponents the following questions and wro | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------|-----------|--------|-------|-------|------|-------|-----|--------|---------|------------|------|------|----------|------|------|---------|----------------|---------|--------|-------|----------------|---------|---------|-------|--------|--------|----------|---------|-------|---------|-------|
| | _ | | | | | | | • | • | 100 | | | | | | | | | _ | | _ | 2000 | | | Sig | nat | ure | | | | | _ | |
| Residential address Street | | | | 19:31 | | | | | | 1 | | | | | | | | | | | | | \perp | | | | | | | \perp | | | |
| Town/Village | | | | | | | | | L | | \prod | \Box | | | | | | | | \perp | Co | de | | | | | | Pro | ovinc | e | | \prod | |
| Telephone no., incl. area code | | Γ | | | | | | |] | | | Cel | l ph | one | no. | | | \prod | | | | | | \Box | | | | | | | | | |
| F. DECLARATION BY COMMI | SSIO | NE | R OF | OA | THS | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that before administering the | e oath | n/aff | firmati | ion, f | aske | ed th | e de | epon | en | ts the | e fo | llow | ing | que | stion | ns a | nd v | vrote | thei | r ans | wer | s ir | their | r pr | eser | ice: | A. | | | | | | |
| a) Do you know and understand the | W1 | | | | | | | | | | | | | | | | | | | | | | | | _ | | | | | | | | |
| Father: | Mother:have any objection to taking the prescribed oath? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) Do you have any objection to takin | au have any objection to taking the prescribed oath? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ļ | | |
| Father: | I have any objection to taking the prescribed oath? Mother: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) Do you consider the prescribed oath | ou have any objection to taking the prescribed oath? er: Mother: u consider the prescribed oath to be binding on your conscience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father: | nou have any objection to taking the prescribed oath? Mother: ou consider the prescribed oath to be binding on your conscience? | | | | | | | | | | | | | | | | | | | (| Office | st | этр | | | | | | | | | | |
| I certify that the deponents have ac | knowl | edo | ed th | at the | y kno | ow a | nd u | ınde | rst | and t | he | cont | ent | s of | this | decl | ara | tion w | hicl | ı wa: | SW | orn | to/aff | firm | ned b | efo | re m | ie ar | nd th | e de | pon | ents | ī |
| | ather: Mother: you consider the prescribed oath to be binding on your conscience? | | | | | | | | | | | | | | | | | | | | | | | | ii. | | | | * | | | | |
| | ou have any objection to taking the prescribed oath? Mother: | | | | | | | | | | | | | | | | Ļ | ╧ | | 1 | L | _ | | | | | | | | _ | _ | | |
| | | | | | _ | | 5 | Sum | am | e | | | | L | | | 1 | 1 | | | L | 1 | | | | | | | Ţ | \perp | | \perp | ╛ |
| Commissioner of | Oaths | • | | | | | Fo | rena | ame | es | | | | | | L | I | | | | L | | \perp | | | | | | | e 10 | | | |
| | | | | | | | | | | | | | | | | | T | T | Ι | | | | | \Box | | | | | | | | |] |
| Designation (R | ank) | | | | | | E | Busin | nes | ss | T | 788 788 | | | | | | | L | | L | | | \Box | | | | | 0 | | | | |
| | | | | | | | | add | res | ss | | | | | | | | Ι | | | | | I | \prod | | | | L | | L | | | |
| G. FOR OFFICIAL USE ONLY - | OFF | ICE | OF | ORIO | GIN | | | | | | | | | | | | | DO | CU | MEN | ITS | SI | JBM | Ш | ΓED | W | тн | TH | IS / | \PP | LIC | ATI | ON: |
| APPLICATION RECEIVED BY: | | ile de co | | | | | | | | | | | | | | | | 100000 | 7.670 | ETK | 127070 | | | | STEVE | 87.53 | 1000 | 0.5657 | 050 H | Rest. | | SHAME | 3900 |
| Identity number | | Т | 7 | | | | Г | 1 | Γ | | Т | | | | | | | | | | | | | | | | | | | | | | |
| Surname | T | Ť | 7 | T | | | | T | Ŧ | 1 | 38 0 | | | | | | 1 | | Pr | oof | of pa | ym | ent | | | | | | | | | | |
| Forenames in full | \dagger | Ť | \dagger | П | | | | T | T | Ť | T | | | | \vdash | T | Ť. | Г | i c | ору с | of ch | ild's | birth | 1 Cf | ertific | ate | į. | | | | | | |
| Persal no. | 十 | T | \dagger | Ħ | _ | | _ | _ | _ | | - 1 | | - | - | 1 - | | _ | - | | | | | pare assp | | | | | | | | | | -1 |
| Date | 十 | 〒 | - | iT | П | | ĺ | | | | | | | | | | | | | | | | assp oplica | | | em | ane | int r | esio | ence | e pe | mu | 5) |
| Dule | | | | 1 1 | | لسا | | | | | | | | | | | | | | | | 9 9 | opinca | | * O | our | t ord | ler a | utho | nisin | g inc | lusik | on of |
| | | | | | | | | | | | | | | | | | | - | fat | her's | part | cul | ers in | the | child | l's b | inth r | regis | iter | | | | |
| Signature | | _ | 41 | | | - | | | _ | | _ | | | _ | | | -8 | Ļ | _ | | (9) | | f ava | | ole | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | _0 | ther, | spe | cify | _ | _ | | _ | _ | _ | | _ | _ | _ | - 15 |
| H. HEAD OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identity number | T | Τ | 7 | | | | |] | Γ | T | 7 | | | | | | | | | | | | | | | | | | | | | | |
| Sumame | | Ī | 1 | T | | | | T | Ī | Ť | | | | 380 | Γ | | | Statu | s: | | | Αp | Drove | ed | | | Re | ejec | ted | | | | |
| Initials | | Ī | | | | | | Ī | Ī | Ť | j | | | | | | 1 | | | | | | | | | | 10/250 | | A03A-939 | _ | | | |
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| | | | | - | | | | | | | | | | | TIC | | | | | | | | S | | | | | | - Contact | | • | | |
| The state of the s | | | | | ā., | | | | | | | | | | Regi | stra | tion | Ac | t 51 | of 1 | 99 | 2] | | | | | L | | 3ar | Coc | de_ | | Ц |
| The form to be completed in black ink APPLICATION FOR THE ALT | | | | | | | | | | | de sh | nall no | | | oled. RTI | 1E F | ORI | ENA | ME | (S) (| OF | MY | MI | NOI | R C | HIL | D | |] | | | | |
| A. PARTICULARS OF THE A | PLIC | CAN | T (C | urre | nt fo | oren | ame | 9S) | 008-3 | 3 53 | | 200 | 85 | 2500 | | | | | | | | | | 100 | | | | | | | 18.18 | 0 | |
| Identity number | | | | | | | | | | | |] | | | | | | | | | | | | | | | | | | | | 2 | s |
| Surname | | | | | | | | | | | 101 | 475-500 400-55 | | | | 500 | | | | | | | | | | | | | | | | cant | |
| Forenames (in full) | | | | | | | | | | | | | | | | | | - | | | L | | | | | | | | | | | appli nt if n | |
| Date of birth | γ | Ý | Y | 7 |] | M | M | | D | D | | | _ | | | | | 253 | | | | | | 1 | | | | | | | | pare | |
| Place of birth (Town) | L | Ļ | | | | | L | L | | L | L | <u> </u> | <u> </u> | L | _ | L | <u> </u> | L | Ļ | _ | Ļ | 4 | 4 | | | | | | | | | o jui | |
| B. PARTICULARS OF MINOR CHILD (current forenames) (complete only if applicable) | | | | | | | | | | | | | | | | Left thumbprint of applicant (thumbprint of parent if minor) | | | | | | | | | | | | | | | | | |
| Town/Village Code Cell Phone no. Province Date of birth Y Y Y Y M M Surname | | | | | | | | | | | | | | | the Le | 1 | | | | | | | | | | | | | | | | | |
| Town/Village Code Cell Phone no. Province Date of birth Y Y Y Y M M [9] Surname | | | | | | | | | | | | | | - | | _ | | | | | | | | | | | | | | | | | |
| B. PARTICULARS OF MINOR CHILD (current forenames) (complete only if applicable) Identity number Date of birth Y Y Y M M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. PARTICULARS OF MINOR CHILD (current forenames) (complete only if applicable) Identity number Surname Forenames (current, in full) Place of birth Province Date of birth Y Y Y Y M M D Place of birth Place of birth | | | | | | | | | | | | | | D | | | | | | | | | | | | | | | | | | | |
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| C. STATE THE FORENAME | dentity number Date of birth Y Y Y Y M M C Sumame Forenames (current, in full) | | | | | | | | | | | | | | _ | | _ | | | | | | | | | | | | | | | | |
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| Signature of app | icant | Į. | - | | | | | _ | | | | | | | | _ | | | | 71- | | | | | 24 | 21025 | _ | - | SIDE CO | 1100 | | _ | _ |
| D. PREVIOUS CORRECTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate any previous changes to such particulars of | | | | | | | o the | ap | plica | int's | par | ticul | ars (| suc | h as | sun | nam | e, fo | oren | ame | , P | lace | of | birt | h, d | late | of t | oirth | ger | ider) | or. | any | |
| Previous particulars | | 200 | 3397304.53 | - | | | rs a | fter | corre | ectio | on o | r alte | eratio | n | | Dat | е со | rrec | ted | or a | ter | red | I | Rea | aso | n fo | rcc | пес | tion | or a | Itera | ation | 1 |
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| E. FOR OFFICIAL USE ONL' APPLICATION RECEIVED BY: | - 01 | FFIC | E O | F OF | RIGII | N | | | | | | | | | | | | _ | | | | 0 | | - 0 | | _ | | | | _ | - | | 7 |
| Identity number | Т | Т | Т | 1 | | | | | 1 | 100 | ľ | 1 | 1 | | | | | | | | | | | | | | | | | | | | |
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| Forenames in full | 1 | T | Ť | T | T | Ī | Т | Ī | Ħ | Ī | Ī | Ī | T | Т | İ | | ī | | | | | | | | | | | | | | | | |
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| DOCUMENTS SUBMITTED WIT | HTH: | S AP | PLIC | ATK | ON: | | | | | | | | | | | | | | | | | | | Off | fice | Sta | mp | | | | | | |
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| Proof of payment | | | | | | | | | | \vdash | = | oof of her,s | - | | ship | (if a | pplica | able | | | | | | | | | | | | | | | |
| Copy of applicant's birth certificat | | nnlica | hle) | | | | | | | Щ | 10" | (E1,5 | peui | | - | | | | | | | _ | | | | - | | | | | | | |
| | | | | | abla) | | | | | Sin | nat | | | | | | | | | | | | | | | | | | | | | | |
| Copy of permanent residence | | ncate | (ii a) | Philes | sure) | | | - | - | GIĞ | nat | J. 6 | - | _ | | | - | | | | | | | | | - | - | | | - | - 50 | | |
| F. HEAD OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application approved by: | _ | Т | Ť | 1 | | т- | | 1 | 7 | 180.00 | Ť | Ť | 1 | | | | | | | | | | | | | | | | | | | | |
| Identity number Surname | 十 | 1 | + | + | H | _ | + | ┾ | +- | 十 | + | 十 | _ | Ī | 1 | C+ | atus: | | ^- | prov | ,,,, | , r | _ | | p- | iect | 200 | _ | 7 | | | | |
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G.P.-S. 09/09



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-193

APPLICATION FOR THE ALTERATION OF SURNAME OF MINOR

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

| A. I, *FATHER / MOTHER / GUA | RD | IAN | | | (* | ircl | e w | hich | is a | appl | ica | ble) | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|------------------------|---------------------|-----------------------|-----------|-----------------------|--------------------|--------------|---------------|-----------------------|------|---------------------------|----------------|----------------------|-------|-----------|---------------|-------|-------|------|--------|------|------|----|---------|--------|--------|--------|-------|-----|
| Identity number | | | | | | | | | | ľ | | | | | | | C | ate | of bi | rth | Y | Υ | Y | Y | 7 | M | M |]] | D | D |
| Surname | | \Box | | | | | | | | Γ | Γ | I | Ī | | | Γ | Τ | | | Г | | | | | Ī | Γ | 100.50 | | | |
| Forenames (in full) | | (0.00) | | | | | | П | Π | | ľ | | Ι | | | Γ | | | Г | | T | Г | | Г | T | | Г | | | |
| Residential address: Street | | | | | | | | | | Γ | Ī | | T | Π | Π | \Box | \Box | | Π | | | | Π | Γ | T | T | Π | | | |
| Town / Village | | | | | | | | | | | Ι | | | | Г | Ε | П | | | | | | | |] (| Code | | | | 同 |
| Telephone no., incl. area code | | | | | | | | | | L |] (| Cell p | hone | no. | | | | | Γ | L | | | | Γ | <u></u> | Prov | ince | | | |
| B. OF THE MINOR CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identity number Surname Forenames (in full) Place of birth Date of birth Y Y Y Y M M D D D D D D D D D D D D D D | | | | | | | | | | | | | | | D | 1 | | | | | | | | | | | | | | |
| orenames (in full) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forenames (in full) Place of birth | | | | | | | | | | | | | | | Ĭ | | | | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forenames (in full) Place of birth do hereby apply that his / her surname be altered to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. THE REASON FOR MY APPI | _IC/ | ATIC | N IS | AS | FO | LLO | ws | : (PI | ease | e inc | dic | ate w | rith a | \square | th | e re | asor | wt | nich | is a | ppli | cabi | le) | | | 735 | | | | |
| As a widow / div The birth of my my surname I am the guardia control of the mi | orce child an of inor) | ee I d bor f the | resu m ou min | med at of or (f | my wed | mai llock le pu | den ha: irpo | nan s bee | ne / en re | prev egist s se | ere | us ma ed und on "gu | rried der t | l sur he s an" | nam | ie ame | o f hi | s/he | er na | tura | l fath | | | | | | | | ssur | ne |
| Signature of D. PREVIOUS CORRECTIONS Please indicate any previous co- | OR rrect | ALT | ERA s or a | ATIO altera | NS ation | TO A | \PP | | | | | | | | | | igned | | Y | I.S. | | | | | 1 M | | | D | r) or | any |
| Previous particulars | | 235) | Par | ticul | ars | after | cor | rect | ion d | or all | tera | ation | -11-01 | Da | te co | orre | cted o | or al | ltere | d | | Rea | ason | fo | r con | rectio | on o | r alte | ratio | n |
| | | | | | | | | | Fig. | | | | | | • | | | | | | | L | | | | | | | | |
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| E. CONSENT OF BI | OLUGIC | AL | FAIF | IER | (CO | mpie | e)(e | пар | pnc | apie | e) | | | | | | | | | | | | | | | | | | | | | |
|----------------------|----------|--------|--------|---------|--------|---------|------|--------|-------|------|----|--------|----------------|----------|---------|--------|---|---------|-------|------|-------|------|---------------|--------|--------|---------|---------|----------|--------|-------|--------|--------|
| I, BIOLOGICAL FAT | HER | 100 | | | | | | | 192 | | | | | | | | | | | | | | | | | | S 1 | | | | | |
| Identity number | | | | \Box | | \Box | | | | | | L | | | | | |] | E | ate | of bi | rth | Υ | Y | Y | Y | | М | М | | D | D |
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Forenames (in full) | | | | | | | | | | | | | | | | 1.55 | | Ι | | - | | | | | - 201 | - " | | | | 3335 | | |
| Residential address: | St | reet | \Box | | \Box | | | \Box | | | | | | L | | | | | | | | | | | | | | | | | | \Box |
| То | wn / Vil | lage | | I | \Box | | | | | | | | | | | | | | | | | | | | | | С | ode | | | | |
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| OF THE MINOR CH | ILD | | 37 | FA 8.00 | 80.00 | | | | 70000 | | | 50 | awa s | | 251 - E | | | -88-99 | 270 | | | | | | | | 21 1 | ±3==857A | | 5V 4 | 7 - 70 | |
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REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-526

| [Section 7(2) of the Births and Deaths Registration Act 51 of 1992] term to be completed in black link with BLOCK LETTERS Applications that are not legible shall not be accepted. A. INSTRUCTIONS: If the person oncemed is under the age of 18 years, the parent or legible quadrian must complete and sign the application form. If the person concerned is under the age of 18 years, the parent or legible quadrian must complete and sign the application form. If the person concerned should apply for a new identity document at the nearest Regional or District Representative of the Department of Home Affairs FINIS APPLICATION IS FOR MYSELF OR FOR MY MINOR CHILD THE REBERY APPLY TO VERIFY, SUPPLEMENT OR RECTIFY THE FOLLOWING PARTICULARS: (please tick IZ) Summane Rectification Date of birth Place of birth Gender False registration (porticulars of incornect parents 48 of 2003) 3. REASON FOR CHANGING THE PARTICULARS Briefly give your reasons for application. You may not write unclear one word explanations like "personal" or "professional". If you do, your application around be processed. C. PARTICULARS OF APPLICANT Gently number Date of birth Place of Dirth Place | The form to be completed in black ink with BLOCK LETTERS Applications that are not legible shall not be accepted A. INSTRUCTIONS: 1. If the person whose particulars must be altered is 18 years of age or older, he / she must complete and sign the application form. 2. If the person concerned is under the age of 18 years, the parent or legal guardian must complete and sign the application form. 3. To verify, supplement or rectify any particulars, documentary proof of the correct particulars must be submitted together with the application form. 4. The person concerned should apply for a new identity document at the nearest Regional or District Representative of the Department of Home Affairs THIS APPLICATION IS FOR MYSELF OR FOR MY MINOR CHILD I HEREBY APPLY TO VERIFY, SUPPLEMENT OR RECTIFY THE FOLLOWING PARTICULARS: (please tick 2/) Surmame Rectification Date of birth Place of birth Premis' particulars Forename Rectification B. REASON FOR CHANGING THE PARTICULARS Briefly give your reasons for application. You may not write unclear one word explanations like "personal" or "professional". If you do, your application cannot be processed. Note: Your reason is taken into account when considering your application. You will be requested to provide documentation to substantiate your reason. C. PARTICULARS OF APPLICANT Identity number Date of birth Place of birth Province | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Town / Village Code Code | Signature of deponent 1 I certify that before administe presence: 1 1 Do you know and u 1.2 Do you have any ol 1.3 Do you consider the 2. I certify that the deponent habefore me and the deponent's sumame | inden bjecti e pre | stan ion to scrit | nd the to tak bed o | e con sing oath | ntendente the particular to th | ores e bii he / | cribi ndin she | ed o g on kno | ath? you ws a | ir ca | onsc | ersta | ands | | | | s of | this | de: | clar | atio | on w | mik L | т Т | vas | 5w | om | to / | əffir | med | 3 |
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Q.P.-S. 09/09

Signature



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-196

APPLICATION FOR THE AUTHORITY TO ASSUME ANOTHER SURNAME

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

| | k with BLOCK LETTERS. Applications that are not legible shall not be accepted. |
|--------------------------------|---|
| A. I nereby apply to assum | e a new surname as follows: |
| | |
| and furnish the following reas | on for my application: |
| ¥ 3.0 | |
| * | |
| B. PARTICULARS OF APPI | LICANT |
| Identity number | Date of birth Y Y Y Y M M D D |
| Present surname | |
| Forenames (in full) | |
| Place of birth | |
| Residential address St | reet |
| Town / Vil | reet Code |
| Telephone number | Province Province |
| Celiphone number | |
| C. PREVIOUS CORRECTIO | NS OR ALTERATIONS TO APPLICANT'S PARTICULARS |
| | s 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 atteration Date corrected or altered Reason for correction or atteration |
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| | |
| D. FOR OFFICIAL USE ON | LY - OFFICE OF ORIGIN |
| APPLICATION RECEIVED BY | |
| Identity number | DOCUMENTS SUBMITTED WITH THIS APPLICATION |
| Sumame | PLEASE TICK V |
| Forenames (in full) | |
| Persal Number | Proof of payment Copy of applicant's identity |
| Date Y | Y Y M M D D Copy of applicant's permanent |
| | residence permit (if applicable) |
| Reason for recommendation | |
| | Marriage certificate (f applicable) |
| Signature | Rank Other, specify |
| | |
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REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-1663 A Page 1 of 3 BARCODE

NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

To be completed in full and submitted at the Department of Home Affairs' office by the informant or authorised funeral undertaker. The form to be completed in black ink with BLOCK LETTERS. Please mark with Ø 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 but the undertaker.

Sanal rumba

| informant and the undertaker man. A. PARTICULARS OF THE | ust be t | aken | by th | | | | ma | ybe | cons | Ruere | ia inv | rairo. | (Note: | THE | inig | erprim | 5 01 | une a | ecea | sea, | ine | | | | Senai | numbe | er | |
|---|-------------|---------------|-------------------|--------|-----------------|--------|------------|---------|--------|--------------|---------|-----------|--|--|------------------|------------------|------------|----------|-----------|--------------------------|--|---------------------|-------------|-----------------------------------|---------------|------------------------------------|---|--|
| Instructions: Section A to be filled verify, and where necessary, complete | d out by | Autho | ortsec | | | | | | | | | | | | ble fo | or exar | ninin | g the t | ody t | to det | emin | e the o | cause o | of de | ath Th | ne Info | rmant | must |
| 1 Was this a death or a still birth? | | 1.1 0 | Death | | | 12 | Still bi | rth | | | | | | | | | | | | | | - | | | | | | 8 |
| 2. Identification of the deceased (tid | 200 | 1 | | | | | | N-17201 | | | | | | | | | | | | | | | | | | | | thumbpriff of deceased |
| 2 1 The deceased was identif | lied with | an ID | docu | ment | / pass | port | of fore | igner |) prod | luced | by the | e fami | ly | | | | | | | | | | | | | | | 9 |
| 2 2 Still born child | | | | | | | | | | | | | | | | | | | | | | | | | | | | E C |
| 2.3 The features of the decea | sed do | not se | em to | mate | ch the | featu | nes or | n the i | D do | cumer | nt or p | asspo | of of de | ceas | ed | | | | | | | | | | | | | E S |
| 2.4 ID document or passport | of the d | leceas | sed w | as no | t pres | ented | . The | dece | ased | was io | sentifi | ed thr | ough wo | rd of | mou | ďh | | | | | | | | | | | | 107 |
| 2.5 The deceased was alread | | | | | | | | | | | | | | | | | | | | | | - | | | | | _ | |
| 2.6 The deceased was unide | | | | 1 | | | | 1 | | | | | | | | | | | | | | | | | | | | - |
| | | | | -33300 | Burr | | _ | 2.6.2 | Dec | ompo 1 | | |]2.6.3 C | | | | un 24. 170 | | 1 10000 | | | | | | | | | 688 |
| 2.6.4 DNA sample | s retriev | ed for | | T | | | _ | | | _ | Den | tal rec | cords tal | ken fo | or ide | ntificat | ion p | urpos | es | | | | | | | | | Right thumbprint of deceased |
| 3. Date of Death / still birth | | | Y | Y | Y | Y | М | м | D | D | | - | | - | _ | _ | - | _ | | _ | ŧ. | | | | | | | rint o |
| 1.1 Place of Death/still birth (City/To | wn/Village | e) | | | | _ | L | | | | | <u></u> | | _ | | | _1 | \perp | | _ | | | | | | | | dqua |
| .2 Province of Death/still birth | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ē |
| Place of Registration of Death / | still birth | 1 | | | | | | | | - 32 | | | | | - 2 | | | | | 200 | 8 | Mete | | | - | -39 | | ě |
| If death occurred within 24 hours | after bir | th, nu | mber | of ho | urs ali | ve | | | | 1 | 7. Hor | ne tel | ephone | no. | | Т | | T | П | | | | $\neg \neg$ | | | | | |
| B. Identity No. (Passport No. if foreign | gner) | | | | П | | | | | | | П | П | \neg | - 1 | 9. Age | at la | st birth | hday i | f DOI | 3 is ur | know | n | - | T | 5 | | |
| 10. Date of Birth if there is no ID nu | mber | Y | Y | Y | Y | м | м | D | 0 | | _ | 11.0 | Gender | | | 11 1 M | lale | | | 11.2 | emal | е | Ī | | 11.3 In | detem | ninable | |
| 2. Sumame | | | | | | | | | | | | Г | ПТ | \neg | | | | T | | | | | | | | | | T |
| 13. Previous / Maiden Sumame | | _ | | | | | | | П | | | Ī | İΤ | T | | | 一 | T | | | | | Ť | T | | 7 | 十 | |
| 14 Forenames | | $\overline{}$ | | T | T | | T | | İ | | T | | | | | $\overline{}$ | | 寸 | \exists | 275 | W-0 10 | -22 | | T | ESS C | | 十 | 1 |
| 15. Usual* Residential Address | Street | _ | - | | | | | T | | 1 | | H | Ħ | T | | | 7 | 寸 | 7 | | | _ | | T | | + | \pm | + |
| 3 | Town | = | - | | - | 1 | H | H | - | - | | \vdash | \forall | ╡ | | \rightarrow | _ | \dashv | + | - | _ | - | + | - | \dashv | + | ╁ | + |
| | Province | = | H | | | | H | - | | H | | \vdash | + | \pm | | - | - | = | 1 | | _ | ostai | | - | + | + | +- | |
| 16. Citizenship | TOVILCE | \vdash | _ | | | | | _ | - | | _ | _ | H | _ | | | 7/5 | _ | | | , | OSIAI | COGE | | | | 8 | |
| 16 1 Place of Birth (City / Town / Vi | illage) | H | - | | | - | H | | - | | | Ħ | | 1 | - | | -1 | | \neg | - | | | Т | | | 1 | | 1 |
| or Country of Birth, if abroad | mage, | _ | 10 100 10 1000 | | | | _ | | _ | _ | | | | _ | - 2 | | | _ | | | () | | | -6 | | | - | _ |
| 16.2 Province of Birth | | | | | | | | | | _ | | | | \Box | | | | | | | | | | | | | | |
| 17 Manital Status of the deceased | | 17.1 | Single | e | | | 17.2 | Mami | ed | | | | 17.3 W | idow | ed | | | Π, | 17,4 [| Divor | æd | | | | | | | |
| 18. Education level of deceased, (Specify only the highest class completed) | Non | Gr R | G | r 1 | G | r 2 | G | r3 | G | r 4 | G | ir 5 | Gre | П | Gr | 7 | 3r 8 F | om | Gr | | Gr | m 3 | Gr 1 | 14 | Gr 1 | 5 | niv Tec | th Unk |
| | - | | | | - | _ | - | _ | | | - | - | - | - | | _ | | - | | 27400 | NT | -1 | NTC | 2 | NTC | 3 | | n |
| (mark with a ☑) 19 Usual occupation of deceased | L/tme of | | | | _ | | _ | _ | | | 2 = | | _ | ᆜ | | | | _ | | | | | | | | | - 1 | 300-00 |
| work done during most of working | | L | | | | | | L | | | | | | | | | | | | | | | | | | | | 1 |
| 20 Type of business / industry (| mark wi | th a 🗹 | 3) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agnoulture, hunting, forestry and fishing Agnounce of the state of the sta | | 3. nufacti | unng | | ectric water | | | 5 | . Con | structi | on | reta m | Wholes al trade, notor vel olor cycl persona usehold hotels restaur | nepai nicles es ar and good and | r of i. nd | 7. Trau and c | | rt, stor | | inter insu es b | Finance, rance, tate a usines ervice | nton, real nd | pe | mmu rial ar rsona rvice: | nd si s | org. repre: oreign oreign | O. Priva usehok territori anisatio sentativ govern activiti ately di | ds, nai ons, wes of naments ues not |
| 21 Was the deceased a regular** | smoker f | live ye | ars a | go? (ı | mark v | vith a | Ø) | | | | 21 1 | Yes | | | 21.2 | No | | | 21 3 1 | Do no | it knov | v | | 21 4 1 | Not app | plicable | e (mino | or) |

^{*} 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

DHA-1663 A Page 2 of 3

NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

To be completed in full and submitted at the Department of Home Affairs' office by the informant or authorised funeral undertaker. The form to be completed in black ink with BLOCK LETTERS. Please mark with Ø the CORRECT box, where required. All fields are COMPULSORY.

BARCODE

| 25 Forenames 26 Name of Health Facility / Practice 27 Facility / Practice 28 Business Address 28 Street Town Town Province Postal Code Office stamp of health facility or practice Town Town Town Town Town Town Town Tow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------|----------------|---------------|----------|---------|--------|--------------|----------|----------|------------|---------|-----------------|---------|----------|--------|--------|---------------|--------|--------|--------|--------|------|--------|---------|---------|--------|--------|---------------|-------------------------------|
| B. CERTIFICATE BY ATTEN | DING | S ME | DIC | AL P | RAC | TITIE | ONE | R/P | ROF | ESS | ION | AL N | IURS | E | | | | | | | | | | | | | | | | |
| - [유명] - 공장 (14일 20일 20일 공장 (15일 20일 20일 20일 20일 20일 20일 20일 20일 20일 20 | | | | | | | | | | | | | | 50 | | | | | | | | | | | | | | | | |
| The same and the s | | | | | | | | | | | | | | fied so | lely an | d exch | sively | due k | Natu | ral C | luses | | | | | | | | | |
| 22 2 I, the undersigned, am not in a | posib | on to c | ertify | that the | deces | sed d | ed exc | lusively | due : | to Nati | ural Ca | luses | | | | | | | | | | | | | | | | | | |
| Particulars of the Medical Practitio | ner/ | Profe | ssior | al Na | irse w | tho fi | led o | ut the | form | n: | | | | 23. | HPC | SA R | egistr | ation | No. | | T | 1 | T | | | - | | | | |
| 24 Sumame | | | | | | | | | | | | | | | | | | | | П | Ī | Ť | Ť | T | | | | Т | T | İ |
| 25 Forenames | | | i | | | | _ | | | | | | Ħ | | | | | | | | T | T | Ť | ヿ | | | | 十 | t | t |
| 26 Name of Health Facility / Practice | | | | $\overline{}$ | | _ | _ | | | | | | Ī | | | | 27 | Fac | dity / | Pract | ice No | 广 | 十 | 寸 | | | | T | $\overline{}$ | \vdash |
| 28 Business Address. Street | | | İ | Ī | | | | | | | | | | | | | | | | Т | T | | Ť | | | | | T | \top | T |
| Town | | 200 | | | | 000 | | | | | | | | | | | | Pro | vince | Γ | į. | T | Ť | T | | | | T | T | T |
| Telephone No. (Office) | | | | | | T | | | | | Р | ostal | Code | | | | | į i | Г | _ | Offic | e sten | np a | f hea | ith fec | dity o | r prac | tice | - | |
| I the undersioned hereby certify that | exan | nined | the b | ody of | the d | есеа | sed n | amed | in sec | ction A | and | decia | ve tha | t the d | leces | sed t | o the | 3 | | | | | | | | | | | | |
| best of my knowledge and belief, died | sole | ly and | exdu | sively | due to | natu | rel or | unnet | ural c | auses | as in | dicate | no be | paragi | raph 2 | 22 and | in | | | | | | | | | | | | | |
| Place signed Y Y Y M M D D Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| rears or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.) Piace signed Y Y Y M M D D Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date signed 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 | | | | | | | | | | | | | | | _ | | | | | | | | | | | | | | | |
| Date signed Y Y Y Y M 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. 1, 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date signed Y Y Y Y M 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 29.1, 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 | | | | | | | | | | | | | | | er | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place signed Obles signed 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 29.1, 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 Y Y Y M M M D D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ase this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a penod not exceeding five ears or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.) Roce signed YYYYYMMMDD 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 9. 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 equired 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 1 Date of Post-mortem 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 29.1, 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 M 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 9. 1, 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 aquired 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 1 Date of Post-mortem Y Y Y Y M M D D 2 Name of Medico-legal Mortuary / Mortuary 4 Mortuary Reference Number of Deceased 33. Mortuary No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. SAPS Case No | Signature CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST structions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death 1, 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 juried 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 Date of Post-mortem Y Y Y Y M M D D Name of Medico-legal Mortuary / Mortuary Mortuary Reference Number of Deceased SAPS Case No 36. Name of Police Station | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Particulars of the Medical Practitio | he undersigned, hereby certify that I examined the body of the decased named in section A and declare that the deceased, to the st of my knowledge and belief, died solely and exclusively due to instruct or unrefured causes as indicated on paragraph 22 and in set this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a peniod not exceeding five arts to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.) CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST structions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death 1, the undersigned, hereby certify that a medico-legal investigation of death is: 30.1 Natural 30.2 Unnatural 30.3 Under investigation Date of Post-mortem Y Y Y Y M M D D Name of Medico-legal Mortuary / Mortuary Nortuary Reference Number of Deceased SAPS Case No 3.6 Name of Police Station Forenames Forenames Forenames Forenames Street Town Province Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 Surname | st of my knowledge and belief, died solely and exclusively due to natural or unnetural causes as indicated on paragraph 22 and in the last is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a peniod not exceeding five its or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.) CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST tructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death. 1, 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 longitude 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 Date of Post-mortem Y Y Y Y M M M D D Name of Medico-legal Morkuary / Mortuary SAPS Case No Tituliars of the Medical Practitioner / Forensic Pathologist who filled out the form: HPCSA Registration No. Province Postal Code Province Postal Code | | | | | | | | | | | | | | Ē | | | | | | | | | | | | | | | |
| 38. Forenames | CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST bructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death 1, 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 longe under the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is: 30.1 Natural 30.2 Unmatural 30.3 Under investigation Date of Post-mortem Y Y Y Y M M D D Name of Medico-legal Mortuary / Mortuary Mortuary Reference Number of Deceased SAPS Case No 35. Name of Police Station Ticulars of the Medical Practitioner / Forensic Pathologist who filled out the form: HPCSA Registration No. Sumame Forenames | | | | | | | | | | | | | | Γ | | | | | | | | | | | | | | | |
| 39. Business Address Street | | | | | | | | | | | | | | | | | | | | | Π | | T | | | | | | | |
| Town | | | | | - 1 | | 13.00 | | 100 | | | | | | | | | Pro | vince | | 12 | 8 | 7 | P | ostal (| Code | | | | |
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| I, the undersigned, hereby certify that | exar | mined | the b | ody o | f the d | ecea | sed n | amed | in se | cton | , A and | the d | eceas | ed, to | the b | est of | my | | | | | | | | | | | | | |
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| both such fine and such imprisonment | | | | | | | | | i a ines | il iui e | pent | JU (ID) | CALC | duling | iive y | Cals | , 10 | | | | | | | | | | | | | |
| Place signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date signed Y Y Y Y | M | М | D | D | | | | Signa | enute | | | | | | * | | | | | | | | | | | | | | | |
| D. PARTICULARS OF INFOR | | - | | _ | l. | | | Signe | | | | | | | | | 60 | | | | | | | _ | | | | | | |
| Instructions: Section D to be comp | leted | by In | forma | nt. In | forma | nt is r | espo | nsible | for co | ertifyir | ng the | ident | ity of t | he de | cease | ed | | | | | | | | | | | | | | |
| 40 Identity No. (Passport No. if foreig | ner) | | | | | | | | | | | | | | | | | 41. D | ate o | f Brit | h | Y | | Y | Y | М | М | D | D | |
| 42 Citizenship | | | | | | 7 8 | | | | | | 1 3 | Ī | | | | | | Π |] | | *** | _ | | | | | _ | | * |
| 43 Sumame | | | | | | | | | | П | | | | | | | | | | | | | | | | | | | | Left thumb paint of informant |
| 44 Forenames | | | | | | | | | - 50 | | 1009 | | | | 33 | | | | | Ī | | | | | | | | | | of in |
| 45 Residential Address: Street | | İ | | | | | | | -520 | 200/86 | 100 | | T | | | | | | 8 8 | i | | | | | | | | | | pulm o |
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| Province | = | 1 | 1 | † | | - | | - | _ | - | | † | 1 - | ostat | Code | | - | <u> </u> | i - | í | | | | | | | | | | 167 |
| Telephone No (Home) | | | + | | \vdash | - | - | \vdash | | \vdash | 1 | Cel | lphon | | | | - | \vdash | | † | + | T | T | \neg | | | | | | _ |
| 46 The Deceased is my: | H | 100 | Dec | | _ | | 46.5 | Co- | | - | | 1 | | | | | AC A | Olbo | | L. | | | | _ | - 1 | | | | | |
| I, the undersigned, hereby certify that | the r | P. Carlot | Pare of the | | hased | men | | Spou | | A 15 10 | the h | | Child f my k | | doe a | nd be | | Othe ue an | | | | itis | net | tn.e | 1 sha | li be 4 | outtv | of ac | offen | ce |
| and on conviction liable to a fine or to | | | | | | | | | | | | | | | | | | | | | | | | | | | , wany | J. 141 | J. Hall R | |
| Signature | | | | | | | | Date | signe | ed | Y | Y | Y | Y | м | М | D | D | | | Place | sign | ed | | | | | | | |

G.P.-S. 09/09



DHA-1663 was submitted by:

Informant

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-1663 A Page 3 of 3

NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

To be completed in full and submitted at the Department of Home Affairs' office by the informant or authorised funeral undertaker. The form to be completed in black ink with BLOCK LETTERS. Please mark with Ø 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

BARCODE

| nstructions: Section E to be comp | eled | by Fu | neral | Unde | rtake | r. Th | e unde | ertake | er mus | t take | his o | r her f | inger | print, I | he fing | ger pn | nt of th | e de | eceas | sed a | nd the | inform | nant i | Autho | rised | Funer | al | |
|--|----------|----------|-----------|----------|---------|----------|--------|--------|----------|--------|-------|---------|-------|----------|---------|----------|----------|------|-------|-------|--------|--------|--------|---------|--------|---------|-----|--------------------------------------|
| Indertaker or Informant may submi | t the c | compl | eted f | om to | the r | neares | st Hon | ne Aff | ars o | ffice | | | 185.0 | | | | | | | | | | - | eneral. | | | | |
| 7 Name of Funeral Parlour | | | | | | | | į. | | | | | | | | | | | _ | | | | | | | | | |
| 8. DHA Designation No | | | 81+2= | | | | | | | | | | | 49. C | ompar | ny Reg | j. No. | | | | | | | | | | -50 | |
| 0. SARS Reg. No (Income tax refere | ence | no.) | | | =7.7.23 | | | | | | | | 13753 | | | -1.25 | | | | | | | | | | | | |
| etails of Funeral Undertaker or A | thor | ised F | Repre | senta | tive | | | | | | | | | | | | | | | | | | | | | | | eker |
| 1. Identity No. (Passport No if foreig | ner) | | | | | | | | | | | | | | | | | | | | | | | | | | | nder |
| 2 Surname | | | L | | | | | | | | | | | | | | | | | . 4 | | | | | | | | era! u |
| 3 Forenames | | | | | | | | | | | | | | | | | | | | 100 | | | | | | | | Left thumbprint of funeral undertake |
| 4. Business Address Street | | | | | | | - 01 | | | | | | | | | | 200 | - 32 | | i. | | | | | | | | print |
| · Town | | | | | | | | | | | | | | | | | | | | | | | | | | | | humb |
| Province | | | | | | | | | | | | | F | ostal (| Code | | | | | | | | | | | | | 5 |
| elephone No (Office) | | П | | | | | | | | | | | 7 | | 100 | Cellp | hone | No. | | | | | | | | | | |
| 5. Date of collection of corpse | Y | Y | Y | Y | м | м | D | D | | | 56. D | ate of | f Cre | mation | (if app | olicable | e) [| Y | Y | Y | Y | м | М | D | D | | | |
| Place of Burial (City / Town / Villag | e) | | | | | | | | | | | | | П | П | | T | | | | Pro | ovnce | | | | | | |
| 3. Date of Burial | | Y | Y | Y | Y | м | м | D | D | 149 | | 59. G | rave | No. (if | availa | ble) | | | | eron. | | | | | | | | |
| ame of person who collected the | dece | ased: | | | | | | | | | | | | | | | Ĩ | | | | Offic | e star | np of | funer | al und | erteker | | _ |
| 0. Identity No (Passport No. if foreig | ner) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Sumarne | | | | 3800 | .!=:5 | | | | === | | | | Γ | | | | | | | | | | | | | | | |
| 2. Forenames | \equiv | | ١. | | | | | | | | П | | | | | | | | | | | | | | | | | |
| Place signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date signed Y Y Y Y | м | М | O | D | _ | 2. | 10 | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICIAL USE ONLY | - | | -77 | | | Sign | ature | | | | | | | | | | | | | | | | | | | | | |
| tegistration of death approved, Di | | 63 ea | colve | d hu | narti | cular | - of F | | - Melo | n. | | | | | | | Г | | | _ | | Offic | æ sta | mp of | DHA | | | _ |
| 3 Identity No. | IA-14 | | | | paru | Cular | | | IIICIA | ·,. | i | | | | | | | | | | | | | | | | | |
| | | \vdash | _ | \vdash | | \vdash | - | - | \vdash | H | | | | ¥ | | \neg | | | | | | | | | | | | |
| 4, Surname | \vdash | \vdash | | | | | | | - | | + | - | - | | | = | | | | | | | | | | | | |
| 5 Forenames | \vdash | \vdash | - | | | | | | | | | _ | | | | | 8 | | | | | | | | | | | |
| 6. Persal No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Funeral Undertaker

NOTICE OF DEATH / STILL BIRTH

DHA-1683 B

Confirmation for Medical and Health use Only (After completion seal to ensure confidentiality) 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 | | Da | te | | | 2501 | | | | | | | | | | | | | | | | | | | | | |
|--|------------|---------------|---------------|----------|---------|-----------|-----------|-----------|---------|----------|--------|-----------------------------|---|--------|--------|--------------|---------|----------|----------------------|---------|------------|---------|---------|---------|-------|-------|---------------|
| G. MEDICAL CERTIFICATE | OF CA | USE OF | DEA | TH | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: Section G is to be fi | lled out | by Medic | cal Pre | ctitione | r /Prof | essiona | Nur | se / F | огел | sic Pa | tholo | gist. | who | has d | etem | ninec | the c | ause | of dea | th | | | | | | | |
| PARTICULARS OF DECEASED | | | _ | | | - | | _ | _ | | | _ | ş | | | | | | | | | | | | | | |
| 67 Identity No. (Passport No. if for | signer) | Щ | 1 | | | 1 | | | 1 | | | | | | | | | | | | | | | | | | |
| 68. Gender 68 | .1 Male | <u> </u> | 68.2 | Femal | e | | | 68.3 | Inde | lermin | able | | - | | _ | | _ | - | | | (C 10) | | | | | _ | |
| 59 Sumame | _ | | | Щ | | | Щ | | L | Щ | | | _ | Щ | | <u> </u> | _ | <u> </u> | <u> </u> | | Щ | | | | | | ļ |
| 70. Forenames | | | Щ | Щ | | Щ | Щ | _ | Щ | Щ | | Щ | _ | Щ | L | 1_ | | _ | <u>_</u> | _ | L | | Ш | | _ | | |
| 71. Population Group 71 | .1 Africa | n | | 7 | 1.2 Wh | de | | | 713 | Indian | /Asia | n | | 71.4 | Colo | ured | | -02 | 71.5 | Othe | r (spec | ify) | | | | | |
| 72. Place of Death 72 | .1 Hosp | ital/Inpati | ent | 7 | 2 2 ER | Outpati | ent | | 72.3 | DOA | | | | 72.4 | Nurs | ing H | lome | | 72.5 | At H | ome [| | 72.6 | Other | (spe | cify) | |
| 73. Name of Health Facility/Practice | | | | | | | | | | | | 3 - 19 | | - 6 | | | | | | | | | | | | | |
| 74. Facility Contact Telephone No. | ind. Are | a Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 Patient File No | | | | | | | | | | | | | | | | | L | _ | _ | | | | | | | | |
| 76. Contact Person at Facility: Si | umame | | | 100 | | | | | | | | | | | | _ | L | | L | | | | | | | | |
| Fore | names | | F 6 4% | | | | | | | 31 - 110 | | | | | | | | | | | | | | | | | |
| Rol | e/Rank | $\sqcup \bot$ | | Ш | | | | | | | | | | | _ | | | | Ш | | \Box | | | | | | L |
| G.1 FOR DEATHS OCCURRING A | FTER C | NE WEE | K OF | BIRTH | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: Section G.1 is to be | comple | ted for all | death | s that o | ccurred | after or | ne we | ek of | birth | | | | | | | | | | | | | | | | | | |
| 77. CAUSES OF DEATH | | | | | | | | | | | | | | | | | | | | | | | For o | ffice (| se or | nty | _ |
| Part 1 Enter the disease, injurit cardiac or respiratory an | | | | | | | | | | e of d | ying, | such a | 85 | | | App | | | val betw / Months | | | | ICD- | 0 | | | |
| IMMEDIATE CAUSE (fi | | | a) | | (68) | | | | | | | | | | | | | · · | | | 7 | | | | | | $\overline{}$ |
| condition resulting in dea | | | | to (or a | s a con | sequenc | oe of) | | | | | | | | 550 | | | | | | 120 | | | | | | |
| Sequentially list condition | | у. | b) | | | | | | | | | | | - 0 | | | | | | | | | | | | | |
| leading to immediate car | | | | 10 (or a | s a con | sequenc | ce of) | | | | | | | | | | | | | | | | | | - | | _ |
| Enter UNDERLYING CA (Disease or injury that in | | st | c) Due | to (or a | s a con | sequenc | ce of) | | | | | | | | | 1 | | | 53 | | | | - | | 8 | | _ |
| events resulting in death | | | d) | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 2 Other significant condition | | 137 | 100 | but | | | | | | | | | | | | | | | | | | | | | | | |
| not resulting in underlyin | | | | | | | | | | | | | | | | | ٦٠٠٠ | | | | _ | | | | - | | _ |
| 78. If a female, was she pregnant a | | | | | | ir io des | un / (t | (LE | | į. | - | 82.1 | Yes | | | _ | | 2 No | ×. | | | | | | | | |
| 79. Method used to ascertain the ca | | | | | · - | ٦ | Name (See | | | 1.30 | | | | | _ | 1 | | | | | | | | | | | |
| | | mortem | | ation | ⊢ | = | | | | nding n | | | ctitio | ner | _ | = | | | | | medica | al pra | ctilior | er on | duty | | |
| 79.5 Opinion of register | ed profe | ssional n | urse | | | 79 6 | Inten | view | of fam | ily me | mber | | | | - |]79 . | 7 Oth | ner (sp | ecity) | _ | | | | | - | | |
| G.2 FOR STILL BIRTHS AND DE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: Section G.2 is to be | comple | | | rths ar | d deat | hs that o | OCCUIT | ed w | ithin o | ne we | ek of | birth | (pen | natal | death | 15) | | | | | | | | | | | |
| S | | Mot | her | | | | | | | - | - | - | | | | | | | Chile | d | | | | | | | |
| 80. Identity Number | T | П | T | П | | T | | | 1 | | en T | ype o | i don | th. | | | Г | 80 | 1 Still | hidh | 1 | | 89 2 | Live | hidh | | |
| and an extensive an extensive source of | YY | MN | A D | D | | 100 700 | - | | 1 | - 1 | | yp e o linh w | | | -mr\ | | H | | 1 30 | T DE UT | 7 ' | - 100 | 03.2 | Live | Ditti | | |
| O. Bate O. Billi | | | + | | | | | | | - 1 | | nis bir | | | arris) | 1 | 01 | (Since | le birt | _ | ┢ | 04.2 | First t | | | | |
| 82. Age of last birthday/ DoB unknoted as Number of previous pregnancies | | | | 1 | | | | | | | 91 11 | iis uii | ui wa | ъ. | | - | 7 | -0400 | and M | | = | 53357 | 000000 | multi | ole | | |
| | 3 165010 | 83.2 St | n hidhe | Ē | 18 | 783.2 | Aborti | | | | D2 H | still b | om I | hearth | est c | - | | 3 000 | OIAJ IN | 001 | | | Cuici | more | pie | | |
| 84. Outcome of last previous pregn | anny (tir | | m outilis | _ | | | A00111 | ulis | | 1 | 32. II | | D.A. | Befor | | | | | | | | | | | | | |
| 84.1 Live birth | | Still birt | | 843 | Abortio | | | | | | | П | il Visusinin | | | | r hul t | afore | delive | | | | | | | | |
| 85. Date of last previous delivery | Y | YY | _ | M | M C | | 1 | | | 3 | | H | B | | | | | | | | r befor | - 05 | duana | labor | æ | | |
| 86. First day of last menstrual perio | 1 | YY | \rightarrow | M | м с | - | | | | 3 | 03 16 | _ | 0.0000000000000000000000000000000000000 | | | 00011100 | | | | | er of ho | | | | | 200 | 1 |
| Or, if unknown, estimated duration | | | | od was | _ | | i | | | - 1 | | ttend | | | | | ilouia | unci | O., D., | idilio | er Or III. | Jui 5 e | | | | | i |
| | | ntaneous | 100 Miles | [| | 4 Vacu | | utenet | tor | | - | 7 | | sician | | | | | | | | | | | | | |
| | | eps deliv | | Ė | | 5 Caes | | | | | | 1 | | ined n | | 10 | | | | | | | | | | | |
| | | eps and i | | Ė | | 6 Othe | | | | | | ₹ | | | | | on ton | undu) | | | | | | | | | |
| 88. Antenatal care two or more visa | | æps and i | iolation | S) SIL | | o Onio | i (apo | , | _ | | _ | 7 | | er (sp | | | | | | | | | | | | - | |
| 88.1 Yes 88.2 M | | | 8.3 Uni | | - | | | | | _ | _ | 7 | | (35 | ~, | | | | | | | | | | | -6 | |
| | | 0 | 3.3 UNI | wii | | | | | | CA | EC. | VE 05 | A 77 · | | | | | | | | | | | | | | |
| NOTE BACK THE RESIDENCE OF THE RESIDENCE | | | | | | | | | 85. | CAUS | ES C | # DE | A IH | | | | | | | | | | | | | | |
| a. Main disease or conditions in foe | | | | | 37 | _ | - | | | | | | | _ | _ | | | | _ | | | | | | - | - | |
| b. Other diseases or conditions in f | | | | 30 | 200 | | 7. | | | | | | | | | 8 | 55.55 | | - 1 | | | | _ | | - | | |
| c Main maternal disease or conditi | | | | | - | | _ | | | | | | | | | | | | _ | | | | | | | • | |
| d Other maternal diseases or cond | litions at | recting fo | elus or | infant | - | | _ | _ | | | | | | | | | | | | | | | | | - | - | |
| e Other relevant circumstances | | | | | - | | | | | - | | | | | | | | _ | _ | | | | | | - | | |
| 96 Autopsy information (☑) | | | | | | | 1 | | | | | | | | | | 7.5 | 7 | | | | | | | | | |
| 96.1 Certified causes of deal | h has be | een confir | med by | autops | y | L | 96.2 | Auto | opsy ir | nforme | tion r | nay b | e ava | Hable | later | | | 96. | 3 Auto | opsy r | ot per | forme | d | | | | |

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.

| Date of birth | | er) | L | \perp | _ | | | Ш | | Щ | | Ш | | | | | _ | | | | Gen | der | | <u> </u> | | L | | | | |
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| Previous/Maiden sumame | | Î | | 9 | | | | | | SSEE | | | 5 | | | | | | | | | | | | | | | | | 1 |
| orenames [| | 955 | | | | | | | | 1190 | | | | | | | | 3 1/2 | | | | | | | | | | | | |
| Place of death: To | own | L | | | 1 | | | | | | 7 | | | | | | | | | | | | | | | | | | | 1 |
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| Residential address: Str | reet | T | T | T | | | | | | | | | | | | | | - 77 | | | | | | | | | | | | |
| To | own | Т | T | 135 | Т | Π | П | | | | | | | | | | | | | | | | | | | | | | | nt of |
| Provi | ince | Ť | T | T | Т | T | Т | | | | | | | Pos | tal c | ode | | | | | Ì | | | | | | | | | ģ |
| Telephone no. (home) | | Ţ | İ | Ì | I | İ | Ĺ | | | | j | | ķ. | | | | A-1-1-1 | | | | | | | | | | | | | Left thumborint of |
| Marital status Sir | ngle | | M | larrie | d _ |] | ٧ | Vidov | wed | |] | | ivo | ced | | | | | | | 3 | | | | | | | | | |
| ducation level of deceased, | | 5500 | Gr F | T | Gr 1 | G | r 2 | Gr | 3 | G | r 4 | G | 5 | Gr | 6 | G | 7 | G | | 2000 | r 9 | | 10 m 3 | 3,337,64 | 11 m 4 | | ir 12 | | niv | Unkn |
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| Usual occupation of decease work done during most of wo | | Γ | Т | Т | I | Γ | | П | | | | | | | | | Γ | П | | | | 7-000 | | | | Γ | Т | L | | |
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| ype of business / industry: | | Г | T | | | | | | | | 207 | | Service. | | 200 | | | | | | | | | | | 1 | | T | | 5000 E |
| Was the decased III imp | madia | lalv | hofe | ro h | le / h | ar di | ath | 2 | | | | | | | | _ | _ | | | | | - | _ | _ | | | | | | _ |
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| <u> </u> | media | tely | befo | ore h | ls / h | er de | eath | ? | | | | | | | | | | | | | _ | | | | | | | | | _ |
| 3. If yes, for how long? | On Asses | | 329 | ore h | ls / h | er de | eath | ? | | | | | | | _ | | | | | | - | | | | | | _ | | | _ |
| 3. If yes, for how long? | On Asses | | 329 | ore h | ls / h | er d | eath | ? | | | | | | | _ | | | | | | | | | | | | _ | | | |
| 3. If yes, for how long? | On Asses | | 329 | ore h | ls / h | er de | eath | ? | | | | | | | _ | | | | | | | | | | | | _ | | | |
| 3. If yes, for how long? | the Illr | iess | 7 | 770000 | | | | ? by In | form | nant) | | | | | | | | | | | | | | | | | | | | |
| 3. If yes, for how long? 4. What was the nature of the control of | the Illin | or | 7 | 770000 | | | | | form | nant) | | | | | | | | 1 | | | | | _ | | | | | | | |
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| 3. If yes, for how long? 4. What was the nature of the second of the se | F INF | ORI | MAI | NT I | <i>(* 6</i> | Comp. | ered | by In | | ant) | | Ger | nder | | | | | | | | | | | | | | | | | |
| 3. If yes, for how long? 4. What was the nature of the second of the se | = INF | ORI | MAI | NT I | <i>(* 6</i> | Comp. | ered | by In | | ant) | | Ger | nder | Pro | vinc | e | | | | | | | | | | | Code | | | |
| 3. If yes, for how long? 4. What was the nature of the second of the se | F INF | ORI | MAI | NT I | <i>(* 6</i> | Comp. | ered | by In | | | | | | | | e | | | | | | | | | | | Code | | | l off thumborint of |
| 2. Was the deceased III Imm 3. If yes, for how long? 4. What was the nature of the second of the se | F INF | ORI | MAI | NT I | | Comp. | la la la la la la la la la la la la la l | by In | 0 | | | Ce | | Pro | | | | | | | | | | | | | Code | | | |
| 3. If yes, for how long? 4. What was the nature of the second of the se | Street Tool | OR C | MAI | NT | r c | L. L. L. L. L. L. L. L. L. L. L. L. L. L | leted 1.1 1.1 Spi | by In | sub | I I | d in | Ce Id | form | Pronone | no. Oth | er | ting | doca | | I I I I I I I I I I I I I I I I I I I |]]]] s true | e an | d cc | | I I | _ | | | aat a | 40 |
| 3. If yes, for how long? 4. What was the nature of the second of the sec | Street Tool | OR C | MAI | NT | r c | L. L. L. L. L. L. L. L. L. L. L. L. L. L | leted 1.1 1.1 Spi | by In | sub | I I | d in | Ce Id | form | Pro none | no. Oth | ner ppor | ice ope s i | docu | | |]]] s true | | | Direc | | unde | | | at a | |

DHA-1680

Page 2 of 2

| D. DECLARATION BY TRADITIONAL | LEADER | |
|--|--|--|
| My role is: Traditional leader | | |
| I, the undersigned, hereby declare that: | | (choose the applicable option) |
| a) I was present at the above-mentioned death / | saw the body; | |
| b) I did not witness the death and did not see the | 3 | |
| c) The information furnished under sections A and d) Was the female pregnant? | d B is to the best of my knowledge an | |
| e) A medical practitioner could not certify the dea | th for the following reasons: | Yes No Don't know |
| | • | |
| | | |
| I, the undersigned, hereby declare under oath that statement is punishable under section 31 of the B | | and supporting documents are true and correct. I understand that a false of 1992. |
| | | Date signed Y Y Y M M D D |
| Signature | | Place signed |
| E. PARTICULARS OF TRADITIONAL | LEADER | (*Completed by Traditional Leader) |
| I, the undersigned, hereby certify that the information p | rovided above is to the best of my knowledge | ge and belief true and correct |
| Identity number | | o o o |
| Date of birth Y Y Y M M D | Designation no. | Tradit on the state of the stat |
| Surname | | 50 pm |
| Forenames | | nbpid or writ |
| Residential address Street | | Left thumbprint of traditional leader or ward councilion |
| Town | | Postal code |
| Province | | Telephone number (office) |
| Celiphone no. | | Office Stamp |
| Date signed Y Y Y M M D D | | |
| | | |
| | | |
| Signature | | |
| F. FORM DELIVERED TO HOME AFF | AIRS OFFICE BY | |
| Identity no. (passport if foreigner) | | |
| Surname | | |
| Forenames | | |
| Relationship to the deceased Parent | Spouse Child | Other, specify |
| Traditional | leader | |
| G. FOR OFFICIAL USE ONLY | | |
| The information stated above has been check | ed for correctness and found to be | in order Need Investigation |
| Identity number | | Office stamp |
| Surname | | |
| Forenames | | |
| Persal no. | 1 | |
| Rank/Role. | | |
| | | |
| | | |
| Signature | | Date signed Y Y Y Y 0 |
| Documents included with this application: | Onginal ID of Deceased | Copy of ID document of the informant |
| DHA-1680 was submitted by: | Informant | Traditional leader |

| St to | | | | | | | | 0/07/7/7/ | | | DUTH | | | | | | | | 27.0 | | _ | | | DI | IA-14A |
|---|--------|-----------|------|-----------|----------------|--------|--------|-----------|---------|--------|---------|---------------|-------|--------|--------|---------|----------|--------|------|-------|---------|-------|------|--------|---------|
| 200 | | | | | | | DEP | | | | ORI | | | i. | | | | | | | | | | 1 | Barcode |
| (A) | | | | | Birth | าร สก | d De | aths F | tegis | trati | on Ac | t 51 c | 1 19 | 92] | | | | | 12.5 | | | | | | |
| | | | | | | | | (R | egul | ation | 18] | | | | | | | | | | | | | | |
| The form to be completed in black in | k witi | h BL | оск | LET | TERS | Plea | se ma | rk with | Øth | e CO | RREC | bor, | wher | e (eq | uired | by th | e Hon | ne A | ffai | rs Of | fficial | | | _ | |
| | v | ,] | , | 7 | 1. | N | 1 [| 0 0 | 7 | | | a Large Lace | | | | | | | | | | | | | |
| Date of Issue Serial number of DHA-1663 | | \exists | | \exists | - | | Н | 0 10 | 4 | Bar | -code | numi | oer o | r DH | A-16 | 63 1 | 6 | 6 | 1 | 3 2 | 2 0 | 1 | 1 0 | 0 0 | 11 |
| A. PARTICULARS OF A DEC | EASI | ED. | _ | | | | | | _ | | | | | | | | | | | | | | | | |
| Identity number/ Passport | | 1 | | T | T | 1 | П | Т | T | 1 | П | T | 1 | | D | ate c | of birth | ьF | ΥT | Y | Y | Y | M | 12. | 2 0 |
| Passport number (if foreigner) | П | 寸 | T | T | 1 | Ť | H | Ť | T | Ħ | Ħ | Ť | i | | | | deat | = | 7 | V | Y | 7 | M | ×1 | 50 |
| Citizenship | П | T | | T | | Ť | П | \top | T | | T | Ť | T | 1 | | | Sende | = | T | T | T | Ť | | - 0.00 | - |
| Sumame | П | T | T | T | Ť | T | Ħ | Ť | Ħ | T | T | T | Ť | Ĺ | П | Ť | T | T | Ť | 寸 | | Ť | T | T | |
| Previous or Maiden surname | П | T | T | T | T | T | | T | T | Ī | | T | | Г | T | T | Ť | Ť | Ť | | Ť | T | 11 | T | TT |
| Forenames | П | | T | | 寸 | Ť | Ħ | \pm | T | T | T | $\overline{}$ | T | | | 寸 | Ť | T | T | T | İ | İ | | T | |
| Place of death: City/Town | П | T | 2 | T | Ť | | | i | T | | | 1 -0 | Ť | | | Pr | ovinc | e | Ť | Ť | | | | | |
| Place of burial : City/Town | | | | | T | T | | T | | Ī | ĪĪ | T | Ī | | | Pn | ovinc | eĒ | Ť | 寸 | | | | | |
| Cause of death | Nat | ural | | | Unne | itural | Ħ | Ur | nder | nves | tigatio | n | i | | | | | - | _ | _ | | | | | |
| where the burial will take place F. FOR OFFICIAL USE O Registration of death approved a | ONL | | orde | rissi | æd. D | HA-1 | 563 re | celved | l by (ı | partik | culars | of DH | No A | (clai) | : | | i | 7.5 | 5 (6 | - | | | | | 7 |
| Sumame | | | | 4 | 1 | | П | 7 | Ŧ | | Н | F | | | | | İ | | Dŀ | HA (| Offic | e st | amp | | |
| Persai No. | | | | | | | | | -1 | 1 | | | | | | | - | | | | | | | | |
| Documents included with this no | tice: | [| | Сору | of the | dace | asedi | i ID/ pa | ssort | | | | | Cop | y of I | D doc | cumen | nt/ pa | esst | on o | of the | infon | ment | - | 2 |
| DHA-1663 was submitted by: | | | | Infor | mant | | | | | | | | | Fun | eral (| Under | taker | | | | | | | | |
| Identity Number of Recepeint: | | | lder | ntity r | numb | er | LI | _[| L | | | C | Ι | L | | Ι | | Ι | | | | | | | |
| ff Funeral Undertaker: | | | Des | ignat | tion n | umbe | r | | L | | | | | - | | | | | | | | | | | |
| Signature of recipient | | | | | | | | | | | | | | | C |)ate ri | ecerve | м | ΥŢ | Y | ۲ . | Y | М | M | D D |

G.P.-S. 09/09

Designation (Rank)

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]

| Quote DHA 1 | 663 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 Sumame of Child Forenames (if any) м м M M M M M M DD Place of birth City/Town B. PARTICULARS OF DECLARANT Identity number Forenames 5 Residential address Street Telephone no., incl. area code The Deceased is my Child 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 Y Y Y Y M M D D Date Signature C. DECLARATION (For offices use only) I certify that before administering the prescribed path/solemn declaration I put the following questions to the deponent and noted his/her replies in his/her presence. Office Stamo Do you know and understand the contents of the above declaration? Answer Have you any objection to taking the prescribed oath? Do you regard the prescribed path/solemn declaration to be binding on your conscience? I certify that the deponent has acknowledged that he/she knows and understands the contents of the above declaration which was sworm to/ affirmed before me and that the deponent's signature/thumb-prot/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 table to a time 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.) YYYY M M Signature of the Commissioner of Oaths Identity number Street Address

| ● → 作 | REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS | DHA -1774 |
|--|---|--------------------------------------|
| | | |
| | APPLICATION FOR DESIGNATION AS FUNERAL UNDERTAKER [Births and Deaths Registration Act 51 of 1992] | |
| Instructions for completion | [Section 22A(1)] | |
| Use black ballpoint only | R where seement | |
| Mark the applicable box with Incomplete applications and a | applications that are not legible may be considered invalid | |
| A. PARTICULARS OF APPLICA | INT | |
| Identity number | Date of birth Y Y Y Y M M D D | 100000 |
| Sumame | | Left thumbprint of applic |
| Forenames in full | | o a |
| Address Street | | princ |
| Town / Village | Code | Ę |
| Province Telephone number | | e# |
| Cell phone number | | |
| B. PARTICULARS OF BUSINES | SS | |
| Name of business / funeral partou | | |
| Business Reg. No(CIPRO) | | |
| SARS Reg. No | | |
| Business owner - Sumame | | |
| Business owner - full name | | |
| THE STATE OF THE S | reet | 5 |
| Town / Villa | | orint o |
| Provir | nce Code | Left thumbprint of business owner |
| Telephone number Cell phone number | | usine using |
| Cen prone name | | 30 |
| C. DECLARATION BY APPLICA | ANT | |
| h | hereby declare that the information supplied by myself in this form is to tr | rue and correct |
| I understand that giving false info | ormation is an offence which is pinishable in terms of section 31 of the Act. | |
| Copy of applicant's Ident | tily document Copy of SARS registration | |
| Copy of business owner's | | |
| Certificate of competence | y from municipality | |
| Signature | Date signed Y Y Y Y M M D D | |
| D. DECLARATION BY BUSINES | SS OWNER | |
| | the business owner basebu dealers that the information availed above and | |
| Section to An execution | the business owner hereby declare that the information supplied above regard | raing |
| myself is true and correct and fur | rther declare that the above-mentioned | |
| is my employee and that all the d | details supplied above are to the best of my knowledge and belief true and correct. | |
| Signature | Date signed Y Y Y M M D D | |
| E. FOR OFFICIAL USE ONLY - | OFFICE OF ORIGIN | |
| APPLICATION RECEIVED BY: | | |
| Surname | | |
| Forenames in full | | |
| Barcal aumhor | Official Stamp | |
| Persal number Date | Y T Y Y MM DD | |
| Dale | | |
| Signature | | 2 |

G.P.-S. 017-0150



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 dea | ath register of: |
|---------------------------------------|--------------------------------|
| Identity number | |
| Surname | |
| Forenames in full | |
| | |
| Date of birth: Year | Month Day |
| Gender | |
| Marital status | |
| Date of death: Year | Month Day |
| Place of death | |
| Cause of death | |
| | |
| | |
| (Official date stamp) | Director-General: Home Affairs |