#### **DEPARTMENT OF HOME AFFAIRS**

NO. 1085 12 OCTOBER 2018

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

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

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

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

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

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

# GOVERNMENT NOTICE DEPARTMENT OF HOME AFFAIRS No. R. \_\_\_\_\_\_ 2018

#### **BIRTHS AND DEATHS REGISTRATION ACT, 1992**

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

The Minister of Home Affairs intends, in terms of section 32 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), to make the Regulations in the Schedule.

#### **SCHEDULE**

#### **Definitions**

- 1. In these regulations any word or expression to which a meaning has been assigned in the Act shall have that meaning and, unless the context otherwise indicates—
- "Children's Act" means the Children's Act, 2005 (Act No. 38 of 2005);
- "confirmation of birth certificate" means a certificate issued to a non-South African citizen confirming that the birth of his or her child occurred within the Republic and enables the holder thereof to approach the relevant authorities of his or her country of citizenship or nationality in order to register the birth of his or her child in his or her country of citizenship or nationality's population register;
- "informant" means a person who gives notice of death under regulation 14;
- "funeral undertaker" means a person who is designated as such in terms of section 22A of the Act;
- "identity document" means an identity document or card issued in terms of the Identification Act;
- "Identification Act" means the Identification Act, 1997 (Act No. 68 of 1997);
- "Immigration Act" means the Immigration Act, 2002 (Act No. 13 of 2002);
- "Inquests Act" means the Inquests Act, 1959 (Act No. 58 of 1959);
- "inspectorate" means the inspectorate established in terms of section 33(1) of the Immigration Act;

- "late registration of birth" means a notice of birth given after the expiry of the period of 30 days contemplated in section 9(3A) of the Act;
- "medical practitioner" means a person registered as a medical practitioner under the Health Professions Act, 1974 (Act No. 56 of 1974) and who has a valid practice number issued by the relevant health professions council;
- "national population register" means the population register contemplated in section 5 of the Identification Act;
- "non-South African citizen" means a person who holds a valid temporary residence visa contemplated in sections 11 to 23 of the Immigration Act, and includes an asylum seeker or refugee issued with a permit in terms of section 22 or 24 of the Refugees Act;
- "Refugees Act" means the Refugees Act, 1998 (Act No. 130 of 1998);
- "South African Citizenship Act" means the South African Citizenship Act, 1995 (Act No. 88 of 1995);
- "the Act" means the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992); and
- "valid passport" means a valid passport as contemplated in regulation 2 of the Regulations made under the Immigration Act.

#### Powers and duties of Director-General

- 2.(1) Subject to the provisions of the Act, the Director-General shall—
  - (a) safeguard and take charge of, and subject to the provisions of section 6(1) of the Act, preserve all books, registers, forms, notices, records and any other document of which he or she is the custodian, or which is required to be furnished to him or her, in terms of the Act or these Regulations;
  - (b) keep supplies of forms, certificates, notices, registers and any other document required to be used with regard to the implementation of the provisions of the Act and these Regulations with a view to supply such forms, certificates, notices, registers or any other document to any person contemplated in section 4(1) of the Act; and
  - (c) receive from informants and persons referred to in section 4(1) of the Act, the completed registers, forms, notices or any other documents accompanied by supporting declarations and certificates, where prescribed, and verify such documents.
- (2) If a birth has been registered twice in the national population register, the Director-General shall cancel one of the two registrations.
- (3) The Director-General must reject a notice of birth or death if he or she is satisfied that the notice—
  - (a) is not in compliance with the Act;

- (b) contains information that is inaccurate or cannot be verified; or
- (c) amounts to misrepresentation or fraud.
- (4) Where the notice of birth is rejected, the Director-General shall cause the rejected notice to be safely stored as part of the records of the Department.
- (5) Where it appears to the Director-General that any person has knowingly made any false statement relating to any notice in terms of the Act, he or she must lay a charge or cause a charge to be laid against such person as contemplated in section 31(1)(b) of the Act.

#### **REGISTRATION OF BIRTHS**

#### Notice of birth for children born of South African citizens

- **3.**(1) Any South African citizen must give notice of the birth of his or her child within 30 days of the birth as contemplated in subregulation (3).
- (2) Where both parents of a child whose birth is sought to be registered in terms of subregulation
- (1) are deceased, the notice of birth must be made by the next-of-kin or legal guardian of the child.
- (3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA–24 illustrated in Annexure 1 and be accompanied by—
  - (a) proof of birth on Form DHA-24/PB illustrated in Annexure 1A attested to by a medical practitioner who—
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b)an affidavit attested to by a South African citizen who witnessed the birth of the child where the birth occurred at a place other than a health institution on Part A5 on Form DHA–24 illustrated in Annexure 1;
  - (c) biometrics, in the form of a palm, foot or fingerprint of the child whose birth is sought to be registered in the appropriate space on Part A4 on Form DHA–24 illustrated in Annexure 1:
  - (d) fingerprints of the parents, which shall be verified online against the national population register: Provided that where the fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on Form DHA-24/A illustrated in Annexure 1B;
  - (e) a certified copy of the identity document of the biological or adoptive mother or father or both parents of the child whose birth is sought to be registered, as the case may be;
  - (f) a certified copy of a valid passport and visa or permit, where one parent is a non-South African citizen;
  - (g) where applicable, a certified copy of a death certificate of any deceased parent;

- (h) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered; and
- (i) where applicable, a certified copy of the identity document or valid passport and visa or permit of the next-of-kin or legal guardian.
- (4) Where a woman gives birth to more than one child during a single confinement, a notice of birth referred to in subregulation (1) must be given for each child on a separate Form DHA–24 illustrated in Annexure 1 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded on this Form.
- (5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

#### Late registration of birth of children of South African citizens

- **4.**(1) A notice of birth given later than 30 days after the birth but before the child is older than one year, shall be given in accordance with subregulation (3).
- (2) Where both parents of a child whose birth is sought to be registered in terms of subregulation
- (1) are deceased, the notice of birth must be given by the next-of-kin or legal guardian of the child.
- (3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA–24/LRB illustrated in Annexure 2 and be accompanied by—
  - (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A attested to by a medical practitioner who
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b) an affidavit attested to by a South African citizen who witnessed the birth of the child where the birth occurred at a place other than a health institution on Part A7 on Form of DHA-24/LRB illustrated in Annexure 2;
  - (c) biometrics, in the form of a palm, foot or fingerprint, of the child whose birth is sought to be registered in the appropriate space on Part A8 on Form 24/LRB illustrated in Annexure 2;
  - (d) fingerprints of the parents, which shall be verified online against the national population register: Provided that where the fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on form DHA-24/A illustrated in Annexure 1B;
  - a certified copy of the identity document of the biological or adoptive mother or father or both parents of the child whose birth is sought to be registered, as the case may be;
  - (f) a certified copy of a valid passport and visa or permit, where one parent is a non-South African citizen:

- (g) where applicable, a certified copy of the death certificate of any deceased parent;
- (h) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered;
- (i) where applicable, a certified copy of the identity document or valid passport and visa or permit of the next-of-kin or legal guardian; and
- (j) proof of payment of the applicable fee.
- (4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA–24/LRB illustrated in Annexure 2 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.
- (5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

#### Late registration of birth of children older than one year born of South African citizens

- **5.**(1) A notice of birth for a child or a person who is older than one year must be made by the biological parents of the child or a person as contemplated in subregulation (3).
- (2) Where both parents of a child or person whose birth is sought to be registered in terms of subregulation (1) are deceased, the notice of birth must be given by the next-of-kin or legal guardian of the child or person: Provided that where the person whose birth is sought to be registered is 18 years or older, such a person may give notice of his or her own birth.
- (3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA–24/LRB illustrated in Annexure 2 and be accompanied by—
  - (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A attested to by a medical practitioner who—
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b) an affidavit attested to by a South African citizen who witnessed the birth of the child or the person where the birth occurred at a place other than a health institution on Form DHA-24/PBA illustrated in Annexure 1E;
  - (c) biometrics, in the form of a palm, foot or fingerprint, of any child younger than 7 years whose birth is sought to be registered in the appropriate space on Part A8 of Form DHA–24/LRB illustrated in Annexure 2;
  - (d) fingerprints of—
    - (i) the parents; and
    - (ii) the child or person who is 7 years or older,

- which shall be verified online against the national population register: Provided that where the parents fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on Form DHA-24/LRB illustrated in Annexure 2: Provided further that where the child's fingerprints cannot be verified online, the full set of fingerprints of the child must be taken on Part A.9 of Form DHA-24/LRB;
- (e) two recent identity size photographs of a child or person who is 7 years or older, affixed to the appropriate space on Part A9 of Form DHA–24/LRB illustrated in Annexure 2;
- (f) a certified copy of the identity document or passport and visa or permit of the parents of the child or person whose birth is sought to be registered, where one of the parents is a non-South African citizen;
- (g) where applicable, a certified copy of the death certificate of any deceased parent of the child or person;
- (h) where applicable, a certified copy of the marriage certificate of the parents of the child or person;
- (i) where applicable, a certified copy of the identity document or passport and visa or permit of the next-of-kin or legal guardian of the child or person; and
- (k) proof of payment of the applicable fee.
- (4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA–24/LRB illustrated in Annexure 2 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.
- (5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

#### Verification, approval or rejection of notice of birth

- **6.**(1) Upon approval of a notice of birth given in accordance with regulations 3, 4 and 5 the Director-General must issue to the parents—
  - (a) a birth certificate on Form DHA-5 illustrated in Annexure 3; or
  - (b) an acknowledgement of receipt on Form DHA-25 illustrated in Annexure 1 or Annexure 2, as the case may be, if, for any reason, the birth certificate cannot be issued immediately.
- (2) Any person who is issued with a birth certificate must verify the information contained therein and if found to be incorrect must, within 7 days of receipt of the birth certificate, return such birth certificate to the Director-General for rectification as contemplated in section 7 of the Act.

- (3) The Director-General must, in respect of each notice of birth contemplated in regulations 3, 4 and 5, authenticate the veracity of the information furnished to him or her and either approve or reject the notice.
- (4) For the purposes of subregulation (3), the Director-General may prior to approval of notice of birth contemplated in regulation 3, 4 or 5 cause any person who gives the notice or supported such notice to be interviewed by a screening committee established by him or her.
- (5) The screening committee must, after interviewing all relevant persons relating to the information contained in the notice, make recommendations to the Director-General who shall consider and approve or reject the notice.
- (6) Where it is apparent from a notice of birth that the child or the person whose birth is sought to be registered is a non-South African citizen, the Director-General may deal with the notice as contemplated in regulation 8.
- (7) The date of birth or identity number allocated to a child or person whose notice of birth was approved as contemplated in subregulation (1) may not be rectified after the period contemplated in subregulation (2).
- (8) Where a notice of birth is rejected, the Director-General shall inform the parents, in writing, of the rejection of the notice.
- (9) If at any time after a birth certificate has been issued it becomes apparent that the birth certificate was issued erroneously to any person, the Director-General must cancel the birth registration, birth certificate and any other documents, including an identity document or passport issued to the holder of such birth certificate.

#### Notice of birth of children born of permanent residents and refugees

- **7.**(1) Regulations 3, 4, 5 and 6 shall apply with the necessary changes to persons who hold permanent residence status in terms of section 26 or 27 of the Immigration Act and to persons who hold refugee status in terms of section 24 of the Refugees Act.
- (2) Upon approval of a notice of birth, the Director-General must issue to the parents a confirmation of birth on a Form DHA–19 illustrated in Annexure 4: Provided that an identity number, as contemplated in terms of section 7 of the Identification Act, for holders of a valid permanent residence permit issued in terms of the Immigration Act or refugee permit issued in terms of section 24 of the Refugees Act, will be allocated to the child after the issuance of the derivative permanent residence status or refugee status to the child.

#### Notice of birth of children born of parents who are non-South African citizens

- **8.**(1) A notice of birth of a child born of parents who are non-South African citizens and who are not permanent residents or refugees must be given as contemplated in subregulation (3) by either parent of the child within 30 days of the birth of the child in the Republic.
- (2) Where the parents of the child whose birth is sought to be registered as contemplated in subregulation (1) are deceased, the notice of birth may be given by the next-of-kin or legal guardian of the child.
- (3) A notice of birth referred to in subregulation (1) must be given to the Director-General on Form DHA-24 illustrated in Annexure 1 and be accompanied by—
  - (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A attested to by a medical practitioner who—
    - (i) attended to the birth; or
    - (ii) examined the mother or the child after the birth of the child;
  - (b) an affidavit attested to by a person who witnessed the birth of the child where the birth occurred at a place other than a health institution on Part A5 of Form DHA–24 illustrated in Annexure 1:
  - (c) a certified copy of a valid passport and visa or permit of the mother or father, or both parents, of the child, as the case may be;
  - (d) where applicable, a certified copy of the valid identity document or passport and visa or permit of the next-of-kin or legal guardian;
  - (e) where applicable, a certified copy of an asylum seeker permit issued in terms of section 22 of the Refugees Act of the mother or father or both biological parents of the child;
  - (f) where applicable, a certified copy of the death certificate of any deceased parent of the child;
  - (g) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered; and
  - (h) proof of payment of the applicable fee.
- (4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA–24 illustrated in Annexure 1 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.
- (5) Upon approval of a notice of birth, the Director-General must issue to the parents a confirmation of birth without an identity number on Form DHA–19 illustrated in Annexure 4, in terms of section 5(3) of the Act.

#### Notice of birth of abandoned or orphaned children

- **9.**(1) A notice of birth of an abandoned or orphaned child in terms of section 12 of the Act must be given on Form DHA–24 illustrated in Annexure 1 by a social worker within 60 days of obtaining a court order in terms of section 156 of the Children's Act, and must be accompanied by—
  - (a) a court order issued by the children's court;
  - (b) a certified copy of the identity document or valid passport and visa or permit of the social worker:
  - (c) where available, a certified copy of the identity document or passport and visa or permit of the parents of the child;
  - (d) where available, a certified copy of the death certificate of the parents of the child; and
  - (e) a social workers' report that was presented to the children's court.
- (2) Where it is apparent from a notice of birth that the child whose birth is sought to be registered in terms of the court order is a non-South African citizen, the Director-General may deal with the notice as contemplated in regulation 8 and inform the relevant children's court accordingly.
- (3) The social worker who submits a notice of birth of a child referred to in subregulation (1), must give a name or surname, or both name and surname, to that child if the name or surname or both name and surname have not been given to the child.
- (4) A birth certificate issued in terms of section 12 of the Act must contain the particulars of the parents of the child where such particulars are known.

#### Recording of adoption in birth register

- **10**.(1) An application for recording of adoption referred to in section 27B of the Act must be made by the adoptive parents, within 90 days of the registration of the adoption order by the adoption registrar, on Part G of Form DHA–24 illustrated in Annexure 1.
- (2) The application contemplated in subregulation (1) must be supported by the documentation referred to in section 245 of the Children's Act, which are—
  - (a) a certified copy of the adoption order;
  - (b) a certified copy of the original birth certificate of the child; and
  - (c) where applicable, proof of payment of the applicable fee.
- (3) Upon approval of the application to record the adoption of the child on the birth register, the old identity number of the adopted child must be blocked and marked and a new identity number issued, together with a corresponding birth certificate recording the names of the adoptive parents.

#### Birth outside Republic

- **11.**(1) A notice of birth given for a child born of South African citizens outside the Republic as contemplated in section 13 of the Act shall be on Form DHA–24 illustrated in Annexure 1 and be accompanied by—
  - (a) Form DHA-529 illustrated in Annexure 5; and
  - (b) an unabridged birth certificate or other similar document issued by the relevant authority in the country where the birth occurred.
- (2) A notice of birth contemplated in subregulation (1) must comply with the requirements as set out in regulation 3, 4 or 5, as the case may be.
- (3) A notice of birth contemplated in subregulation (1) must be given to the Head of a South African diplomatic or consular mission or to any district or regional office of the Department in the Republic.
- (4) The Director-General must, in respect of each notice received in terms of this regulation, determine the citizenship of the parents in accordance with the provisions of the South African Citizenship Act, and if one of the parents is a South African citizen, register the birth in terms of section 5(2) of the Act and issue a birth certificate to the parents.
- (5) Any person who, in terms of section 6 of the South African Citizenship Act, has lost and subsequently applied for resumption of his or her South African citizenship and requires his or her child to be registered in terms of this regulation, must give such notice in the Republic.

#### CHILDREN BORN OUT OF WEDLOCK

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

- **12.**(1) A notice of birth of a child born out of wedlock shall be made by the mother of the child on Form DHA-24 illustrated in Annexure 1 or Form DHA-24/LRB illustrated in Annexure 2, whichever applicable.
- (2) The person who acknowledges that he is the father of the child born out of wedlock must—
  - (a) enter his particulars and sign on Part A4 of Form DHA-24 illustrated in Annexure 1 at the offices of the Department and in the presence of an official of the Department as contemplated in section 10(1)(b) of the Act;
  - (b)in the case of late registration of birth, submit an affidavit on Part A4 of Form DHA-24/LRB illustrated in Annexure 2 in which he—
    - (i) states his relationship to the mother; and
    - (ii) acknowledges paternity of the child; and
  - (c) have his fingerprints verified online against the national population register: Provided that in the event of the father being a non-South African citizen, he must submit a certified

copy of his valid passport, a certified copy of a valid visa or permit, permanent resident identity document or refugee identity document.

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

- **13.**(1) An application for an amendment of birth registration referred to in section 11(1) of the Act shall be made on Part C of Form DHA–24 illustrated in Annexure 1.
- (2) The Director-General must upon the approval of the application contemplated in subregulation
- (1), amend the registration of the birth and issue a new birth certificate in accordance with the said application.

## Application for insertion of unmarried father's particulars in birth register of child born out of wedlock

- **14.**(1) An application for the insertion of the father's particulars in terms of section 11(4) of the Act shall be made on Part E of Form DHA–24 illustrated in Annexure 1.
- (2) An application contemplated in subregulation (1) made by a person who is a non-South African citizen shall be accompanied by original paternity test results, not older than 3 months, from an institution designated by the Director-General confirming that such person is the biological father of the child.
- (3) The Director-General must authenticate the veracity of the information furnished to him or her in respect of the application contemplated in subregulation (1) before approving the application.
- (4) Upon approval of the application, the Director-General must record the particulars of the person as the father of the child on the birth register of the child and issue to such person—
  - (a) a birth certificate on Form DHA-5 illustrated in Annexure 3; or
  - (b) an acknowledgement of receipt on Form DHA-25 illustrated in Annexure 1, if, for any reason, the birth certificate cannot be issued immediately.

#### AMENDMENTS OR ALTERATIONS

#### Alteration of particulars of registered father of child born out of wedlock

- **15.**(1) Any person who requires to alter the particulars of a father whose particulars already appear in the birth register of a child as the father as contemplated in sections 10(1)(b) and 11(4) of the Act, shall submit an application on Part E of Form DHA–24 illustrated in Annexure 1, supported by conclusive proof contemplated in subregulation (2).
- (2) The conclusive proof contemplated in subregulation (1) shall be in the form of original paternity test results not older than 3 months, obtained at the cost of the applicant from an institution designated by the Director-General.

#### Alteration of forename

- **16.**(1) An application for the alteration of a forename referred to in section 24 of the Act must be made on Part D of Form DHA–24 illustrated in Annexure 1.
- (2) A person of age who, in terms of section 24 of the Act, has previously applied for and was granted a change of a forename, may not thereafter apply for a subsequent change of his or her forename, unless—
  - (a) there are exceptional circumstances, which circumstances must be clearly stated and attested to in the Form of an affidavit; or
  - (b) his or her forename was initially changed whilst he or she was still a minor.
- (3) The identity number of a person who has altered his or her forename in terms of section 24 of the Act may not be amended.

#### Alteration of surname of minor

- **17.**(1) An application for the alteration of a surname of a minor referred to in section 25 of the Act must be made on Part B1 of Form DHA–24 illustrated in Annexure 1.
- (2) Despite the alteration of a surname of a minor, the recorded particulars of the biological father must not be amended on the birth certificate of the minor except upon approval of the application made in terms of regulation 11, 12 or 13, or where the minor is the subject of an adoption order or a court order has been granted to that effect.
- (3) The identity number of a minor whose surname has been altered in terms of section 25 of the Act may not be amended.

#### Assumption of another surname

- **18.**(1) An application for assumption of another surname referred to in section 26 of the Act by a person of age must be made on Part B2 of Form DHA–24 illustrated in Annexure 1.
- (2) The reasons referred to in section 26(2) of the Act must relate to—
  - (a) a change in the marital status of a woman;
  - (b) assumption by a person of his or her biological father's surname, where the father has recently acknowledged paternity in terms of regulation 13 or 14; or
  - (c) protection of a person in terms of the Witness Protection Act, 1998 (Act No. 112 of 1998).
- (3) An application contemplated in subregulation (1) must be accompanied by—
  - (a) a certified copy of the identity document or birth certificate of the applicant;
  - a certified copy of the identity document or valid passport of the biological mother or father or both parents of the child, as the case may be;
  - (c) where applicable, a certified copy of the marriage certificate of the parents;
  - (d) where applicable, a certified copy of the death certificate of any deceased parent;

- (e) where applicable, a letter issued by the Director: Witness Protection; and
- (f) proof of payment of the applicable fee.
- (4) Upon approval of an application contemplated in subregulation (1), any alteration of a forename, surname or assumption of another surname made in terms of section 24, 25 or 26 of the Act must be made—
  - (a) by entering the altered forename or surname or assumed surname of the minor in the birth register; and
  - (b) if the particulars of the person have been included in the national population register, by including the altered forename, surname or assumed surname in the national population register,

without erasing the previous forename, surname or assumed surname.

(5) The assumption of another surname contemplated in subregulation (2)(a), (b) or (d) shall not have the effect of changing a person's identity number.

#### Alteration of sex description

**19.** An application for alteration of sex description contemplated in section 27A of the Act, must be made on Part F of Form DHA–24 illustrated in Annexure 1.

#### Publication of amplification of birth register, alterations of forenames and surnames

**20.** In the case of an alteration or amplification of a forename or surname referred to in section 27 of the Act, the full names of the person as they existed before the alteration or amplification, his or her identity number and his or her altered or amplified forename or surname, must be published in the Government *Gazette*.

#### **REGISTRATION OF DEATHS**

#### Notice of death for South African citizens

- 21.(1) A notice of death must be given within 72 hours of the death by the informant—
  - (a) on Form DHA–1663 illustrated in Annexure 6 to the Director-General, where the cause of death certificate contemplated in section 15(1) or (2) of the Act was issued by a medical practitioner; or
  - (b) on Form DHA-1680 illustrated in Annexure 7 where the cause of death certificate contemplated in section 15(1) or (2) of the Act was not issued by a medical practitioner; and
  - (c) be accompanied by the following supporting documents:
    - (i) the original identity document of the deceased;

- (ii) in respect of a minor, the original birth certificate;
- (iii) the biometrics of the deceased and the informant must be affixed in the appropriate space provided on Form DHA–1680 illustrated in Annexure 7 and, in the case where the biometrics cannot be affixed, an affidavit containing the reasons as to why such biometrics were not affixed must be attached; and
- (iii) a certified copy of the identity document of the informant.
- (2) An official of the Department to whom a notice of death is given as contemplated in subregulation (1) must—
  - (a) verify the particulars of the deceased against the national population register;
  - (b) verify the particulars of the informant or the authorised funeral undertaker online against the national population register and attach the online verification report to the death register: Provided that where the fingerprints cannot be verified online, the informant or the funeral undertaker must have his or her full set of fingerprints taken on Form DHA-24/A illustrated in Annexure 1B;
  - (c) record the cause of death as-
    - (i) "natural causes", if satisfied that the death was due to natural causes;
    - (ii) "unnatural causes", if satisfied that the death was due to unnatural causes; or
    - (iii) "under investigation" and the case number, if the death is still under investigation in terms of section 3 of the Inquests Act;
  - (d) take possession of, cancel and destroy the original identity document of the deceased in terms of section 20 of the Identification Act or mark the birth certificate as "deceased";
  - (e) issue to the informant a death certificate on Form DHA–18 illustrated in Annexure 10, if the death certificate cannot be issued immediately, proof of notice of death on Form DHA– 1577 illustrated in Annexure 8; and
  - (f) issue to the informant a burial order on Form DHA-14A illustrated in Annexure 9.

#### Notice of death for non-South African citizens

- 22.(1) A notice of death must be given within 72 hours of the death by the informant—
  - (a) on Form DHA–1663 illustrated in Annexure 6 to the Director-General, where a cause of death certificate contemplated in section 15(1) or (2) of the Act was issued by a medical practitioner; or
  - (b) on Form DHA-1680 illustrated in Annexure 7 where a cause of death certificate contemplated in section 15(1) or (2) of the Act was not issued by a medical practitioner; and
  - (c) be accompanied by the following supporting documents:

- (i) A certified copy of the identity document or valid passport of the informant;
- (ii) the biometrics of the deceased and the informant must be affixed in the appropriate space provided on Form DHA–1680 illustrated in Annexure 7 and in the case where the biometrics cannot be affixed, an affidavit containing the reasons as to why such biometrics were not affixed must be attached; and
- (iii) a certified copy of the identity document of the informant.
- (2) An official of the Department to whom a notice of death is given as contemplated in subregulation (1) must—
  - (a) verify the particulars of the deceased;
  - (b) verify the particulars of the informant or the funeral undertaker online against the national population register and attach the online verification report to the death register: Provided that where the informant or funeral undertaker's fingerprints cannot be verified online, the informant or the funeral undertaker must have his or her full set of fingerprints taken on Form DHA-24/A illustrated in Annexure 1B;
  - (c) record the cause of death as—
    - (i) "natural causes", if satisfied that the death was due to natural causes;
    - (ii) "unnatural causes", if satisfied that the death was due to unnatural causes; or
    - (iii) "under investigation" and the case number, if the death is still under investigation in terms of section 3 of the Inquests Act;
  - (d) issue to the informant a death certificate on Form DHA-18 illustrated in Annexure 10;and
  - (e) issue to the informant a burial order on Form DHA-14A illustrated in Annexure 9.

#### Certificate by medical practitioner

- 23.(1) A certificate in respect of a death due to causes referred to in sections 15(1) and (2) and 17(1) of the Act, must be issued on Form DHA–1663 illustrated in Parts A, B, C and G of Annexure 6.
- (2) The medical practitioner concerned must, on request and free of charge, issue to the informant or funeral undertaker the original Form DHA–1663 illustrated in Annexure 6, excluding Part G, and preserve a copy of the Annexure 13 for a period of at least five years.
- (3) The Director-General may at any time require the concerned medical practitioner to submit a copy of any cause of death certificate issued by him or her.

#### Notice of stillbirth

**24.**(1) A notice of stillbirth must be given within 72 hours, in terms of section 18(1) of the Act, on Form DHA–1663 illustrated in Parts A, B, D, and F of Annexure 6.

(2) The declaration referred to in section 18(2) of the Act must be on Form DHA–6 illustrated in Annexure 11.

#### **Death outside Republic**

- **25.**(1) A notice of death of a person who died outside the Republic as contemplated in section 19(1) of the Act may be given to the head of any South African diplomatic or consular mission or to any district or regional office of the Department in the Republic.
- (2) A notice of death contemplated in subregulation (1) shall be accompanied by—
  - (a) a death certificate or any other document issued by the authority of the country where the death occurred;
  - (b) a copy of the identity document or passport of the deceased; and
  - (c) a copy of the identity document or passport and visa or permit of the informant;
- (3) On receipt of the notice contemplated in subregulation (1), the official at the mission must complete Form DHA-1663 illustrated in Annexure 6 and issue proof of notice of death to the informant on Form DHA-1577 illustrated in Annexure 8.
- (4) The head of a mission must, as soon as possible, forward to the Director-General each completed DHA-1663 illustrated in Annexure 6, together with all the supporting documents, and the Director-General shall record the death as contemplated in regulation 21(2).
- (5) A proof of notice of death must be issued upon registration of death, in addition to a burial order.
- (6) The granting of permission in terms of section 19(3) of the Act for the issuing of a burial order, must be made, in writing, on the strength of a death certificate or other similar document issued by the authority concerned in the country where the death occurred and the Director-General may, in his or her discretion, request any further information in respect of the deceased, or investigate or cause to be investigated the desirability or not of the burial in the Republic.

#### **Burial order**

**26.** A burial order referred to in sections 14(2), 17(2), 18(3), 19(2) and 20(1) of the Act must be on Form DHA–14B illustrated in Annexure 12.

#### **Burial register**

- **27.** The particulars to be entered into the burial register as contemplated in section 21 of the Act are—
  - (a) the names and surname of the deceased, as contained in the burial order;
  - (b) the identity number or passport number of the deceased;
  - (c) the date of death of the deceased;

- (d) the serial number on the burial order;
- (e) the details of the funeral undertaker;
- (f) the date of burial; and
- (g) where applicable, the grave number.

#### **Death certificate**

**28.** A death certificate referred to in section 22 of the Act must be issued on Form DHA–18 or DHA–20 illustrated in Annexure 10 and Annexure 13, as the case may be.

#### Designation of funeral undertakers

- **29.**(1) An application for designation as a funeral undertaker in terms of section 22A(1) of the Act must be made on Form DHA–1774 illustrated in Annexure 14 and be accompanied by—
  - (a) a certified copy of the identity document of the applicant;
  - (b) a certificate of competence issued by the relevant municipality or authority;
  - (c) where applicable, a business licence;
  - (d) a recent valid tax registration certificate for the business issued by the South African Revenue Service;
  - (e) proof of registration with any federation or association of funeral undertakers; and
  - (f) proof of payment of the applicable fee.
- (2) In order to qualify for designation as funeral undertaker, a person must—
  - (a) be a South African citizen of 18 years or older;
  - (b) not be an official employed by the Department; and
  - (c) demonstrate to the Director-General his or her knowledge of the Act by successfully completing a written examination conducted by the Department from time to time.
- (4) A designated funeral undertaker who acts as an informant on behalf of the family of the deceased must submit proof of appointment to confirm him or her as the representative of the family of the deceased whose notice of death is being given by such funeral undertaker.
- (5) The Director-General may withdraw the designation as a funeral undertaker if satisfied that the funeral undertaker has not complied with the provisions of the Act or has been convicted of a criminal offence without the option of a fine.

#### Issuing of certificates

- **30.**(1) An application for a certificate contemplated in section 28(1) of the Act must be made on Form DHA-132/154/130 illustrated in Annexure15, as the case may be.
- (2) A certificate issued as a duplicate must be clearly marked as a "duplicate".

(3) A certificate contemplated in subregulation (2) must be issued subject to the provisions of section 29 of the Act.

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

- **31.**(1) The holder of a certificate or document referred to in section 7(3) of the Act, or his or her parent, next-of-kin or legal guardian must, if he or she or his or her parent, next-of-kin or legal guardian has been requested to do so, hand such certificate or document to the Director-General.
- (2) An application for amendment or rectification of particulars made in terms of section 7(4) of the Act must be on Part F of DHA-24 illustrated in Annexure 1.
- (3) The Director-General must, if satisfied that the particulars contained in the national population register are incorrect, amend or rectify such particulars by including the correct particulars in the national population register and link the new particulars to the previous particulars without erasing the previous particulars.

#### **MISCELLANEOUS**

#### Repeal of Regulations and savings

- **32.**(1) The Regulations on the Registration of Births and Deaths, 2014, published by Government Notice No. 37373 of 26 February 2014, are hereby repealed.
- (2) Anything done under a provision of the Regulations repealed by subregulation (1) which could have been done under a provision of these Regulations, shall be regarded as having been done under the provision of these Regulations.

#### Short title

**33.** These Regulations shall be called the Regulations on the Registration of Births and Deaths, 2018 and shall come into operation on XXX.

#### **ANNEXURES**

#### Annexure 1

DHA-24 (Notice of birth and amendment of personal details)

DHA-25 (Acknowledgement of receipt of a notice of birth)

#### Annexure 1A

DHA-24/PB (Proof of Birth)

#### Annexure 1B

DHA-24/A (Fingerprints Form)

#### Annexure 2

DHA-24/LRB (Notice of birth for late registration of birth)

#### **Annexure 3**

DHA-5 (Birth Certificate)

#### **Annexure 4**

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

#### Annexure 5

DHA-529 (Determination of citizenship status)

#### Annexure 6

DHA-1663 (Death Register)

#### **Annexure 7**

DHA-1680 (Death report)

#### Annexure 8

DHA-1577 (Proof of notice of death)

#### Annexure 9

DHA-14/A (Burial order)

#### **Annexure 10**

DHA-18 (Death Certificate)

#### **Annexure 11**

DHA-6 (Declaration relating to a stillbirth by a person other than a medical practitioner)

### Annexure 12

DHA-14B (Removal order)

#### Annexure 13

DHA-20 (Abridged Death Certificate)

#### Annexure 14

DHA-1774 (Application for designation as funeral undertaker)

#### Annexure 15

DHA-154/132/130 (Application for copy of a certificate)

DHA-24

G.P.-S 09/18



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#### NOTICE OF BIRTH AND AMENDMENT OF PERSONAL DETAILS

(Birth and Death Registration Act, 51 of 1992)

To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please tick with ☑ the CORRECT box, where required. **Write LEGIBLY** . **Applications that are not legible shall not be accepted**.

- 1. If the person whose particulars must be altered is 18 years of age or older, he / she must complete and sign the application form.

  2. If the person concerned is under the age of 18 years, the parent or legal guardian must complete and sign the application form.

  3. To verify, supplement or rectify any particulars, documentary proof of the correct particulars must be submitted together with the application form within seven days of issue of the particulars sought to be verified, supplemented or rectified.

  4. The person concerned should apply for a new identity document at the nearest Regional or District Representative of the Department of Home Affairs.

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		iD numbe	r of person whose de	etalis are	to be amended							
Application for	r:		le sections to be leted by client		Departmental (				Hea	ad Offi	ce	
Birth Registration			A1-A6		A7 and A	8						
Assumption/Change Surname	e of	A1, A2, A3,	A6, B1 or B2 and F		A7 and A	8				H2		
Re-registration		A1, A2, A3	3, A6, C, F and H1		A7 and A	8				H2		
Forename Change		A1, A2, A3	3, A6, D, F and H1		A7 and A	8				H2		
Insertion of Natural Father's details		A1, A2,	A3, A6, E and F		A7 and A	8				H2		
False Registration		A1, A2, A	A3, A6, F and H1		A7 and A	8				H2		
Date of Birth Rectific	cation	A1, A2, A	A3, A6, F and H1		A7 and A	8				H2		
Rectification of Sex Description		A1, A2, A	A3, A6, F and H1		A7 and A	8				H2		
Alteration of Sex Description and Sex Status (Act 49 of 200		A1, A2	2, A3, A6 and F		A7 and A	8				H2		
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Place of Birth Rectif	ication	A1, A2, A	A3, A6, F and H1		A7 and A	8				H2		
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ID number of child (newly generated) or person whose details are to be amended

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



		Alloca	ated I	denti	ty Nu	mber	r:		
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#### **PART A: BIRTH REGISTRATION**

[Births and Deaths Registration Act 51 of 1992]

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Child 2: Time								Child	4:			Time										Chi	ld 6:			-	Time						
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#### PART B: AMENDMENT OF PERSONAL DETAILS

B1. Change of a surname of a Minor	Secti	on 2	5 (a),	(b), (	(c), (c	d) of	Act,1	992)																								_
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I certify that the deponents have ack	nowle	dged	that	they	knov	v and	l unde	ersta	nd th	e co	ontent	s of t	his de	clara	ation	whic	h was	s swo	n to	affirm	ed be	efore	me a	nd th	e der	oner	nts' sig	gnatu	ıres/th	umb	prints	/
marks were placed hereon in my preser	ice.	-		-																												
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	PART D: CHANGE OF FORENAME  Commissioner of Caths  Designation (Rank)  PART D: CHANGE OF FORENAME  (Section 24 of Act 51 of 1992)  ETHE FORENAME(S) IN FULL AS IT SHOULD BE AFTER THE ALTERATION:  Date signed by the BIOLOGICAL PARENTS of the child born out of wedlock in BLACK INK with BLOCK LETTERS.  ARATION BY NATURAL FATHER  In the parent values appear under C overled and that the particulars furnished are true and correct; this particular father of the child referred in A overled; and the late particular sumshed are true and correct; the particular father of the child referred in A overled; and the late particular sumshed are true and correct; the particular father of the child referred in A overled; and the late particular sumshed are true and correct; the child referred in A overled; and the late particular sumshed are true and correct; the child referred in A overled; and the late particular suppose under C overled and that the particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particular sumshed are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct; the child referred in A overled; and the late particulars furnished are true and correct.																										
DECLARATION BY NATURAL MOTHER																											
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Signed at					3	d	ay of														ΗŽ						



## PART F: VERIFICATION, SUPPLEMENTATION OR RECTIFICATION OF PERSONAL PARTICULARS

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

THIS APPLICATION IS FOR MYSE	LF		]	OR	FO	R MY	Y MIN	IOR C	CHILE			]																			
THIS APPLICATION IS FOR MYSELF OR FOR MY MINOR CHILD  I HEREBY APPLY TO VERIFY, SUPPLEMENT OR RECTIFY THE FOLLOWING PARTICULARS: (please tick ©)  Surname Rectification Date of birth Rectification Rectification of sex description (in terms of Act 49 of 2003)  Alteration of sex description (in terms of Act 49 of 2003)  Parents' particulars  Forename Rectification Place of birth Rectification  Amplification of birth Registration  REASON FOR CHANGING THE PARTICULARS  Briefly give your reasons for application. You may not write one word explanations like "personal" or "professional". If you do, your application cannot be processed.  Note: Your reason is taken into account when considering your application. You will be requested to provide documentation to substantiate your reason.  CURRENT PARTICULARS OF APPLICANT  Identity number  Date of birth  Y Y Y Y M M M M M M M M M M M M M M M																															
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These correct particulars must be	e refle	ected	in th	e Birl	h Re	giste	r and	l/or Id	lentit	y Do	cume	nt.																			
DECLARATION																															
I,true and correct in case it is not true (Section 31(1)(b) of Act 51 of 1992)																															
Signature of deponent												Da	ate siç	gned	Υ	Υ	Υ	Υ		M	M	М	M	M	M	M	M	М		D	D
I certify that before administering	the c	oath / a	affirm	ation	l ask	ed th	e dep	onen	t the t	follov	ing q	uestic	ons a	nd w	ote d	lown h	nis / h	ner an	swers	in hi	s / he	r pres	ence	:							
1.1 Do you know and understa	and th	ne con	tents	of th	is ded	clarati	ion?																								
1.2 Do you have any objection	to ta	ıking tl	he pr	escrib	ed o	ath?																									
1.3 Do you consider the prescr	ribed	oath t	to be	bindi	ng on	your	cons	scienc	e?																						
I certify that the deponent has ac print / mark was placed thereon in r				t he /	she k	nows	and	unde	rstan	ds the	e con	tents	of this	s dec	larati	on wh	ich w	as sv	vorn t	o / af	firmed	d befo	re m	e and	the c	lepon	ent's	signa	ture /	thum	.b-
Surname																													$\neg$		
Forenames in full	F															Ħ										一	Ħ	Ħ	寸	寸	=
Business address Street																<del>`</del>											$\equiv$		一	寸	_
Town / Village		$\vdash$		<u> </u>								Н				$\vdash$										C	ode	$\equiv$	寸	=	_
iowii, viilago																											ا مم	ш			
																		-													
Commissioner of Oatl	hs										Desig	natior	n/Ran	k																	
Date signed	Υ	Υ	Υ	Υ		M	M	M	M	M	M	M	M	М		D	D														

#### PART G: RECORDING OF ADOPTION

[Only for use by the adoptive parents]



G1. WE ARE THE ADOPTIVE PAR	ENTS	OF T	HE F	OLL	OWIN	IG CH	IILD																							
Identity number																														
Date of birth	Υ	Υ	Υ	Υ	]	М	М	М	М	M	М	M	М	М	]	D	D													
Surname																														
Forenames (in full)																														
Place of birth	able to record the adoption of the child in this / her high register (foire) which is applicable)																													
We hereby apply to record the ad	• • • • • • • • • • • • • • • • • • • •																													
The child will assume the following	eby apply to record the adoption of the child in *his / her birth register (*circle which is applicable).  Id will assume the following name and surname after the adoption:																													
Forenames																														
Surname																														
	_			S	ignatı	ure of	Moth	ner / F	aren	A				-				_				Signa	ture c	of Fath	ner / F	aren	B B			
G2. FOR OFFICIAL USE ONLY - O	FFICI	E OF	ORIG	in														 	DO	СПМ	ENTS	s sui	BMIT	TED \	WITH	THIS	APP	LICAT	ION:	
APPLICATION RECEIVED BY:																			PLE	ASE	TICK	$\square$								
Surname																				Birt	h cer	tifica	te							
Forenames in full																				Cop	y of	adop	tion c	order						
User ID																		Ī		Oth	er, sp	ecify	·							
Date	Υ	Υ	Υ	Υ	М	М	D	D	ĺ											Pro	of of	payn	nent							
									-											-										
Signature	_								-		-			Stam	р															



#### PART H

H4 DDEVIOUS CODDECTIONS O	D 417	LED V.	TION	ıc .	TO A		CAR	IT'C	DA D	TICI II	Λ.																						
H1. PREVIOUS CORRECTIONS O  Please indicate any previous corrections.													nan	ne fr	rena	me d	ate o	f hirt	h dei	nder) (	or any	char	iaes t	o suc	h nai	rticula	ers of	the a	nnlica	ant's	narer	nts	
Previous particular		OI all	CIALIC	JI IS	10 11					r corre						ille, u	ale c			rrecte				J	II Pai						altera		
1 Tovious particular							artic	Julian	J arto					Ciuu						TOOL		antoro		+		Tious	301110	7 001			untoru		
																								T									
DECLARATION																																	
We declare under oath/solemnly that																																	
We understand that a false statemer	nt is pu	unisha	able ι	uno	der se	ction	า 31	(1) 01	the I	Births	and	d Dea	aths	Reg	jistrat	ion A	ct 51	of 19	992.														
																														_			
	Sigi	nature	e of fa	ath	ner																Sig	nature	of m	other									
COMMISSIONER OF OATHS																																	
I certify that before administering	g the o	oath/a	affirm	ati	ion, I	aske	d the	e de	oner	ts the	e fol	llowi	ng d	quest	ions	and w	rote	their	answ	ers in	their	prese	nce:										
a) Do you know and understand the	e cont	ents o	of this	s d	leclar	ation	?																										
Father																				M	other												
								-												IVI	Oli iei	-											_
b) Do you have any objection to tak	ing th	e pre	scrib	ed	oath'	?																											
Father	bath to be binding on your conscience?  Mother																																
c) Do you consider the prescribed of	path to be binding on your conscience?																																
Father	bath to be binding on your conscience?  Mother																																
	path to be binding on your conscience?  Mother  acknowledged that they know and understand the contents of this declaration which was sworn to/affirmed before me and																																
thumbprints were placed thereor		Motheracknowledged that they know and understand the contents of this declaration which was sworn to/affirmed before me and the deponents' signatu															res an	a															
										Surn	nam	ne																			$\perp$		
Signature of i	inform	ant							F	orena	ame	es																			$\perp$		
								В	usines	s add	dres	ss																			Т	Π	T
												Ī																			Ŧ	Ī	T
Commissione	r of O	aths																								Ē		_					_
Designation																																	
· ·		,																															
																												(	Office	Sta	mp		
H2. FOR OFFICIAL USE ONLY - H	FAD (	OFFIC	CF.																														_
RECOMMENDATION		1	omm						] <sub>N</sub>	D					D	ison																	
	$\vdash$	nec	OIIIII	T	liueu	_			INO	Reco	U	IIIeII	ueu		nea	ISOII		_	_	_		_			_			_	_	_	_	_	$\overline{}$
Surname			<u></u>	Ļ	4	<u> </u>				<u></u>	L	+			<u></u>	<u></u>	_	<u> </u>	<u> </u>	<u></u>			_	_		<u> </u>		<u> </u>		L	+	<u> </u>	$\downarrow$
Forenames in full	_			L		_				Ļ							L														_	Ļ	丄
User ID																Date	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	N	1	D	D
Signature										-						F	Rank											-					
DECISION		Apn	rove	d					Ref	used					Res	son																	
Surname				T	Т	Т			]		Г	Т	-			· · ·		_	T	Т	<u> </u>	1					Π	П	1	Г	_	Т	$\overline{}$
	H	_		L	+	$\frac{\perp}{\Box}$					H	+			_	_	H	+	<u></u>	<u></u>			H	_	_	_		<u></u>		_	+	+	十
Forenames in full		_		L	+	+				<u></u>	L						L	<u></u>	<u></u>	<u></u>	1		_	_	_	<u></u>	<u></u>	_		L	+	Ļ	Ļ
User ID																Date	Υ	Υ	Υ	Υ		М	М	M	M	M	M	M	М	N		D	D
Signatura																	20-1																
Signature				_						-						ŀ	Rank	_										-					

DHA-24/PB

G.P.-S. 09/18



## REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

e 1A
BIRTH PB000000001

## Annexure 1A PROOF OF BIRTH

The form must be completed in <b>BLACK</b>	INK	with <b>E</b>	BLOC	K LET	TERS	for e	ach ch	nild.																						
Hospital/Medical Facility Name																														
Facility Code																														_
Nominal Register Number																														
NOTE: If birth occurred at a place other	ner th	an a I	Hospi	tal or	Medic	cal Fa	cility,	spec	ify pla	ce of	birth	and e	estima	ated t	ime															
A. PARTICULARS OF HEALTH	I PR	ACT	ITIO	NER	WH	O A	TEN	IDE	тн	ЕВІ	RTH																			
Surname																									Н	ealth F	acility	/ Stam	p	
Forenames in full																														
HPCSA/SANC Reg no.																														
Telephone no.											Cell	phon	e no.																	
Signature																														
Date of birth    Y   Y   Y   Y   M   M   M   M   M   M																														
B. PARTICULARS OF MOTHER / PARENT A  Identity No./Passport No.  Citizenship																														
B. PARTICULARS OF MOTHER / PARENT A																														
Identity No./Passport No.																														
Date of birth         Y         <																														
Forenames in full																														
Physical address: Street																								Po	ostal (	Code				
Town / Village																						Prov	vince							
Telephone no.														Ce	ll No.															
E-mail address																														
C. PARTICULARS OF FATHE	R/	PAR	ENT	В																										
Identity No./Passport No.																			(	Citizer	ship									
Date of birth	Υ	Υ	Υ	Υ		M	М	М	М	M	M	М	М	М		D	D	(wi	rite m	onth in	full)									
Surname																														
Forenames in full																														
Physical address: Street																								Po	ostal C	Code				
Town / Village																						Prov	vince							
Telephone no.														Ce	ll No.															
E-mail address																														
D. PARTICULARS OF CHILD	)				1										1															

Date of birth	Υ	Y	Υ	Y	J	M	M	M	M	M	M	M	M	M	J	D	D	(wr	ite mo	onth in	full)		Sex:			Į
Surname																										
Forenames in full																										ĺ

 Forenames in full
 Place of birth

 Provide time of birth for each child
 Child 2 Time
 Child 3 Time

 Child 4 Time
 Child 5 Time
 Child 6 Time

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

Annexure 1B				
LEFT MALL	Photo of the <b>CHILD</b> only <b>No</b> photo required for Informant  No photo is required where child is younger than 7 years	РНОТО	DHA-24/A	RIGHT SMALL
LEFT RING	PLEASE NOTE: Fingerprin	NTS FOR THE NOTICE OF NOT PHOTO COPY tts may only be taken by an offic missing, deformed or so injured toted in the space provided for tr	ial of the Department of Home	RIGHT RING
LEFT MIDDLE	FINGERPRINTS O Please tick appropriate PERSONAL PART CHILD Surname: Forenames:	DF: CHILD/	ADULT IANT	RIGHT MIDDLE
	Date of Birth (YYYY/MM/DD)			
LEFT INDEX	Forenames:  Identity No./ Passport No.	KEN BY: PLEASE PRINT FU		RIGHT INDEX
	PERSAL NUMBER			
LEFT THUMB	Verification results (	HANIS):  RM TO: e (or head office: population	register, if foreign birth)	RIGHT THUMB
		tmental office stamp – Office		

G.P.-S. 09/18 home affairs Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

				F	Alloca	ted I	denti	ty Nu	mber	:				
APF	PLIC	CAT	101	N F	OR	ΑE	BIRT	ГН (	CEF	RTII	FIC	ATE	E - I	LRB



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

#### (AFTER 30 DAYS) [Births and Deaths Registration Act 51 of 1992] [Section 9]

To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The informant to present his/her original ID document. The form must be completed in black ink with **BLOCK LETTERS**. Please mark ☑ the CORRECT box, where required. **Applications that are not legible shall not be accepted**.

PART A																																
Date of application	Υ	Υ	Υ	Υ		M	M	М	M	M	M	M	M	M		D	D				Afte	er 30	days					Afte	r 1 ye	ear		
A1. DETAILS OF THE CHILD													Note	: Fing	, gerpi	rints	of chi	ld wh	no is	7 yea	ırs oı	olde	r mu:	st be	take	n on	Part	A9				
Surname as at birth																																
Forenames in full																																
Date of birth	Υ	Υ	Υ	Υ		M	М	М	M	М	M	М	М	М		D	D								Sex:							
Place of birth: City/Town																		P	rovin	ce												
Country of birth																										Pos	stal c	ode				
Are the parents of the child married to each other?				lf `	Yes, n	ature	of m	narria	ge		Civi	I		Cus	toma	ary		Civi	l Unio	on		Oth	er									
Date of marriage	Υ	Υ	Υ	Υ		M	M	M	M	M	M	M	М	M		D	D			Marr	iage	certif	cate	enclo	sed			Yes			No	
Telephone no., incl. area code											Ce	ell ph	none r	no.																		
NOTE: If twins or more, provide time of	of bir	th fo	r eac	h chi	ild. F	or ea	ch c	hild,	comp	olete	sepa	arate	DHA	-24/L	RB	and s	subm	it all	form	s tog	ethe	er.										
Child 1: Time								Child	3:			Time	9									Child	15:			Time						
Child 2: Time								Child	4:			Time	e									Child	16:			Time						
COMPULSORY SECTION																																
Provide reason why the application for a	birth	cert	ificate	e was	not i	made	with	in 30	days	of b	irth ir	terr	ns of	section	on 9(	(1) of	the B	irths	and [	Death	s Re	gistra	tion /	Act 5	of 1	992						
A2. DETAILS OF MOTHER (PARENT A	)									_																						_
ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No.																																
Date of birth	Υ	Υ	Υ	Υ		М	М	M	M	М	M	M	М	M		D	D															
Surname																											]					
Previous / Maiden surname																											]	Thumbprint				
Forenames in full																												Thum				
Place of birth: City/Town															Co	ountry	y of b	irth									]					
Residential address Street																																
Town/Village																			P	rovin	ce											
Telephone no., incl. area code											Ce	ell ph	none r	no.												Pos	stal c	ode				
E-mail address																																
Citizenship																																
A3. DETAILS OF FATHER (PARENT B)																																_
ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No.																																
Date of birth	Υ	Υ	Υ	Υ		M	М	М	M	M	M	М	М	М		D	D															
Surname																																
Previous / Maiden surname																												Thumbprint				
Forenames in full																												Thum				
Place of birth: City/Town															Co	ountry	y of b	irth														
Residential address Street																																
Town/Village																			P	rovin	ce											
Telephone no., incl. area code											Ce	ell ph	none r	10.												Pos	stal c	ode				
E-mail address																																
Citizenship																]																-



A4. DECLARATION/ACKNOWLEDGEN I hereby declare that I am the biologica						- A C	HILD	ROL	KN O	ur 0	r WE	EDL(	JCK	Moth	ier's	cons	ent t	o the	ackr	nowle	dger	nent	of pa	iterni	ity							
Initials and surname						Sign	ature									Ini	tials	and s	urna	me					_	_	Sign	ature	)			
ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No.																		o./ PF eeker														
Date Y Y Y Y	M	M	M	M	М	M	М	М		D	D			Date		Υ	Υ	Υ	Υ		M	М	M	М	М	M	M	M	М		D	D
A5. DETAILS OF THE APPLICANT							1									1																
ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No. if foreigner	느	<u> </u>	<u> </u>	<u> </u>	Ļ								Ļ					,														
Date of birth	Υ	Υ	Υ	Υ		M	М	М	М	М	M	М	M	М		D	D										_					
Surname	L																											=				
Previous/Maiden surname	L	<u> </u>																									_	Thumbprint				
Forenames in full	L	<u> </u>			L															L	L							Thun				
Place of birth:															Co	ountry	of b	irth									<u> </u>			_		
Residential address Street																											L		Щ			
Town/Village																			Р	rovin	ce											
Telephone no., incl. area code											Ce	ell ph	none r	10.												Ро	stal c	ode				
Citizenship																]					F	Permi	t no.									
E-mail address																																
Relationship to the child		Mo	ther (	Parer	nt A)			Fath	ner (F	arent	B)			Nex	t of k	kin, pl	ease	spec	ify													
			jal gu ach p					Soc	ial w	orker,	prov	ide d	case r	10. <i>(A</i>	tach	сору	of C	Court	order	)												
If Yes, status of application and attach on I,				, here	by d	eclare	e that	the i	nforn	natior	sup shab	plied le in	terms	is Apposite of Section 1	olicat	ion is	s to the	ne bes	st of ins an	my ki d Dea	nowle aths I	edge Regis	and I	pelief on Ac	, true t of 1	and 992.	corre	ct. I u	unders	stand	that	any
Initials and surname						Sign	ature							Place	•																	
Relationship to the child		Mo	ther (	Parer	nt A)			Fath	ner (F	arent	B)			Nex	t of k	kin			Leg	al gu	ardia	n		Soc	cial w	orke						
Child (15 years or older)		_										ı					_			1	_		_				_			ı	_	
														Date		Υ	Υ	Υ	Υ		M	М	M	М	M	M	M	M	M		D	D
Initials and surname	_			_	_	Sign	ature	_	_	_	_			Place	•		_			_	_						<u></u>		$\perp \perp$	_		
A7. PARTICULARS OF A PERSON WH ID No./ Passport No./ PR/ Refugee/	O W	/ITNE	SSE	тні	E BIF	RTH (	for bi	rth ti	hat o	ccuri	ed a	tap	lace	other	thar	n a H	ealth	Insti	tutio	n)												
Asylum Seeker No. if foreigner	L	<u> </u>																,										ii.				
Date of birth	Υ	Υ	Υ	Υ		M	М	M	М	M	М	M	M	М		D	D											umbprin				
Surname																												off thu				
Previous/Maiden surname																											]					
Forenames in full	Ē		Ī																						Ī	T	Ī		$\Box$			
Physical address Street	F	Ť											i i												Ħ	Po	stal c	ode	T	f		
Town/Village	H	+	$\perp$					_				_	+		_					rovin		$\vdash$		$\vdash$	H	$\vdash$	$\overline{}$		一	=		
_	L	+									 l _	L								I	Le				1					Ш		
Telephone no., incl. area code	느	<u> </u>	<u> </u>		_		<u></u>	L	<u>_</u>	<u></u>	C	ell ph	none i	no.	_		<u></u>		_	<u></u>	<u></u>	<u> </u>	L	<u> </u>	_		_			_		
E-mail address																											L					
Relationship to Mother / Parent A																																
DECLARATION BY PERSON WHO WIT	TNE	SSED				articu	ars a	ppea	r in P	art A	abov	e, he	ereby (	decla	re tha	at the	infor	matic	on su	pplied	d in th	nis Ap	oplica	ation i	is to t	he be	est of	my k	nowle	dge :	and b	elief,
true and correct. I understand that any f of 1992.	false	state	ment	mad	e in t	his A	pplica	ation	and s	suppo	orting	doc	umer	nts is	an of	fence	and	puni	shabl	le in t	erms	of s	ectio	n 31	of the	Birtl	ıs an	d De	aths F	egist	ratio	n Ac
WITNESS				1										1			1	ı		1			_		_		_	1	_			
Initials and surname								Cia	ature						Date lace	Y	Y	Y	Y		IVI	M	M	M	M	М	M	M	M		D	D



**A8** 

PALM, FOOT OR FINGERPHINTS OF THE CHILD (To be taken and affixed below by an official of	of the Department.)
LEFT	RIGHT
	THOIT!
	I control of the cont



А9.					7 years and above
		PHOT	0	DUA 04/4	
LEFTSMALL	Photo of the CHILD	for ed		DHA-24/A	RIGHT SMALL
LEFT RING	Affairs. Should a fi	inger be missing, deformed	NOTOCOPY ten by an official of the Depart d or so injured that the impres ace provided for that impressi	ssion cannot	RIGHT RING
	FINGERPRINTS ( Please tick approp	oriate box	CHILD/ADULT		
LEFT MIDDLE	PERSONAL PART  CHILD Surname  Forenames  Date of Birth (YYY/MM/DD)  INFORMANT	FICULARS	INFORMANT		RIGHT MIDDLE
	Surname Forenames				
LEFT INDEX	Identity No./ Passport No.		T FULL NAME		RIGHT INDEX
	RETURN THE FOR	RM TO: ice (or head office: population re	egister if foreign hirth)		
LEFT THUMB	REGISTERING FI		gatu, n wegi unuy		RIGHT THUMB
		Departmental office st	amp - Office of origin		



A10. FOR OFFICIAL USE ONLY - O	FFICE	OF	ORIG	iIN																											
APPLICATION RECEIVED AND VERIFIED BY:  Initials and surname															Offi	ice sta	amp -	Offic	e of C	Drigin											
Initials and surname																							_								
Signature											_																				
Date Y Y	Y	Υ	N	A N	1 N	M	M	M	М	М	M		D	D																	
Identity number			Т								]																				
User ID		T	T	T	$\neg$																										
Stat Birth																															
I O S M																															
DOCUMENTS SUBMITTED WITH TI	HIS A	PPLIC	CATIC	N: F	PLEAS	SE TI	ск 🗹																								
Proof of Birth Form (DHA-24/P	B)											lavit is Oaths		alled I	oy info	ormar	t and	ı													
Certified copy of Applicant's ID								DH	A-24	/A for	r the A	Applio	cant								Certifie	ed co	py of	the F	oreig	n birth	n cert	ificate	of th	e chil	d
Certified copy of court order (a children) / Legal guardian	band	oned/	orpha	aned				Со	py of	Fore	ign bi	irth ce	ertifica	ate							itizer	ship	deter	minat	tion F	orm E	DHA-5	529 (S	A Par	rent)	
Certified copy of death certification	ate (if	appli	cable)	)				Ori	ginal	ID do	cum	ent of	infor	mant	was	prese	nted				itizer	ship	deter	minat	tion F	orm [	DHA-5	529 (C	hild)		
Certified copy of court order (a children) / Legal guardian	band	oned/	orpha	aned				Ма	rriage	e cert	ificate	e of tl	ne pa	rents	(copy	/)															
Marriage certificate of the parents (copy)																															
Online verification performed and p	rintou	its att	ache	d for	follo	ving	perso	ns:																							
Mother (Parent A)	ather	r (Pare	ent B)	)	L	Ap	oplica	nt				Nex	ct of K	Kin		L		Perso regist	n wh ered	ose b	irth is	soug	ght to	be	L	Pe	rson	who v	vitnes	sed b	irth
Please enter the barcode numbers	of the	finge	erprinf	t veri	fication	on fo	rms:												_												
(DHA-24/A) of the Applicant:																															
A11. VERIFIED BY SUPERVISOR -	OFFI	CE OI	F ORI	IGIN:																											_
Initials and surname													_	Signa	ature		_														
Persal Number														Date	• [	Υ	Υ	Υ	Υ		M N	A N	A N	A N	1 M	М	М	M	]	D	D
Application is complete and all require	ed do	ocume	ents a	are at	tache	d																									
Fingerprints are taken correctly	Г	Р	erson	n who	se bii	th is	sough	nt to b	oe reg	_ gister	ed																				
A12. FOR OFFICIAL USE ONLY	RE	SFR'	VED F	OR T	THE S	FCTI	ON T	HAT A	ALLO	CATE	S TH	IF ID I	NUME	BER									_						_		=
Capturing date	Υ	Y	IV	4 N	1 M	M	M	М	M	М	М	1	D	D												Off	fice st	tamp			
Initials and surname												Sian	ature											FOR (	OFFIC				UMBE	R WA	s
Persal Number			$\mp$	T	T	1					-	Olgii	aturc									_				C/	APTU	KED			
Persai Number			<u></u>			_																	L				_		_		
PART B																															
B. DETAILS OF LIFE EVENTS	OF	THE	CHII	LD																											
B1. INSTITUTION OF BIRTH - COM	//PUL	SORY	Ľ			_	1				_	,									1		_	1							
Place of birth		Pub	lic hos	spital			Priva	ate ho	spita	al		Doc	tor's	office			At h	ome			Clini	С		Oth	er						
Name of place of birth																															
Full address Street			П																										П		
Town/Village			Н									Ħ			1	Prov	ince	Н		Ħ									一	T	_
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Telephone no., incl. area code			Щ									Cell	phon	e no.		<u> </u>				<u> </u>					Po	ostal c	ode		ᆜ		_
E-mail address																													$\underline{}$		
Contact person's name and surname																															
B2. RELIGIOUS CEREMONY PERI	ORM	MED (	ON TH	HE C	HILD	/ PEI	RSON	TOE	BE RI	EGIS	TERE	D				_				_										-	_
Institution name			$\sqsubseteq$	_		_	<u> </u>			<u> </u>			<u></u>				_	$\vdash$	_		_						$\sqsubseteq$	Щ			_
Contact address Street			$\bigsqcup$	<u> </u>	<u></u>	<u> </u>	<u>_</u>			<u>_</u>	<u>_</u>	<u></u>	<u>_</u>	<u>_</u>					<u>_</u>	<u> </u>	<u>_</u>		<u>_</u>		<u></u>					$\underline{}$	
Town/Village																Prov	ince														
Telephone no., incl. area code			ΠĪ								]	Cell	phon	e no.											Po	ostal c	ode	$\bar{\Box}$	T	Ī	Ī
E-mail address			H							T	<u>,                                     </u>	Π			T										<u>,                                     </u>			$\Box$	一		〓
Contact person's name and			뭐		_							_	<u> </u>	<u></u>	<u></u>	<u> </u>	_		_		_		_		_			$\Box$	$\dashv$	$\exists$	닉
surname			닏		<u>                                      </u>	_						<u></u>	<u></u>	<u></u>	1	$\vdash$	<u> </u>	1		<u> </u>								Щ	_		닉
Date of ceremony (YYYYMMDD)	Υ	Υ	Υ	Υ		М	M	М	M	М	М	M	M	М		D	D	Тур	oe of	ceren	nony								Ш		$\square$



B3. PRE-SCHOOL OR CRECHE ATTENDED  Institution name																													
Institution name																													
Contact address Street																													
Town/Village																Prov	ince												
Telephone no., incl. area code												Cell	ohone	e no.									Po	stal c	ode				
Contact person's name and surname																													
Period of attendance (YYYYMMDD)		F	rom	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D									
			То	Υ	Υ	Υ	Υ		M	M	М	М	M	М	М	М	М		D	D									
B4. PRIMARY SCHOOL ATTENDE	D																	_											
Was more than one school attended	1?		Yes			No			If ye	s, pro	vide	detail	s of t	he sc	hool	with n	nost v	verifia	ble in	forma	ation								
Name of school																										Ш			
Contact address Street																										$\Box$			
Town/Village																Prov	ince												
Telephone no., incl. area code	lephone no., incl. area code Cell phone no.															Po	stal c	ode											
Contact person's name and surname																										Т	П		
Period of attendance (YYYYMMDD)		F	rom	Υ	Υ	Υ	Υ		M	М	М	М	М	М	М	М	М		D	D									
			То	Υ	Υ	Υ	Υ		М	M	М	М	M	М	М	М	М		D	D	ĺ								
Grad	le at a	admis	ssion					,		Н	ighes	t grac	le pa	ssed				'											
B5. SECONDARY SCHOOL ATTEN	IDED																												
Was more than one school attended	1?		Yes			No			If ye	s, pro	vide	detail	s of t	he sc	hool	with n	nost v	verifia	ble in	forma	ation								
Name of school																													
Contact address Street																													
Town/Village																Prov	ince												
Telephone no., incl. area code												Cell p	ohone	e no.									Po	stal c	ode				
Contact person's name and surname																										Т	T		
Period of attendance (YYYYMMDD)		ı	rom	Υ	Υ	Υ	Υ		M	M	М	М	M	М	М	M	М		D	D									
			То	Υ	Υ	Υ	Υ		M	М	М	М	M	М	М	М	M		D	D	ĺ								
Grad	le at a	admis	ssion							Н	ighes	t grac	le pa	ssed															
B6. TERTIARY INSTITUTION ATTE	NDE	D				-																							
Was more than one institution attend	ded?		Yes			No			If ye	s, pro	vide	detail	s of t	he so	hool	with n	nost v	erifia	ble in	forma	ation								
Name of institution																													
Contact address Street																													
Town/Village																Prov	ince												
Telephone no., incl. area code												Cell	ohone	e no.									Po	stal c	ode	Т	T		
E-mail address																										П	П		
Contact person's name and surname																									j				
Period of attendance (YYYYMMDD)		F	rom	Υ	Υ	Υ	Υ		M	M	М	М	M	М	М	М	М		D	D									
			То	Υ	Υ	Υ	Υ		М	М	М	М	М	М	М	М	М		D	D									
	urse												Q	ualific	ation	obta	ined							$\Box$					



L0000000001 B7. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER Employer Physical address Street Town/Village Province Postal address Postal code Telephone no., incl. area code Cell phone no. Contact person's name Period of employment (YYYYMMDD) From То Nature of work performed B8. REFERENCE PERSON TO THE CHILD - COMPULSORY Witness to the birth Family member Legal guardian Pastor/Priest Tribal authority Social worker Person who raised the person Other, please specify ID No. Citizenship Date of birth (YYYYMMDD) Passport no./Permanent residence permit no. Surname Previous/Maiden surname Forenames in full Physical address Street Town/Village Province Postal address Province Postal code Telephone no., incl. area code Cell phone no. Registered place of birth Country of birth Since what date have you been associated with a person whose birth is required to be registered? Date PART C C1. DETAILS OF THE PARENT/NEXT OF KIN/LEGAL GUARDIAN ID No. Citizenship Date of birth (YYYYMMDD) Surname Previous/Maiden surname Forenames in full Place of birth Country of birth Current contact address Town/Village Province Telephone no., incl. area code Cell phone no. E-mail address Postal address Province Postal code Relationship to the child: Mother/Parent A Father/Parent B Next of kin Legal guardian Social worker

No If yes, specify

Are you listed on the sexual offenders register

Yes



C2. DETAILS OF THE CHILD																														
Surname as at birth																														
Forenames in full																														
Date of birth (YYYYMMDD)	Υ	Υ	Υ	Υ	]	M	М	М	М	М	М	М	М	М		D	D						Sex							
Place of birth																														
Contact number																														
C3. COMPULSORY FOR THE NO	COMPULSORY FOR THE NOTICE GIVEN AFTER 30 DAYS																													
															······•															
															······															
															······································															
The deponent and the Commissioner of Oaths to initial each page of the Affidavit.  C4. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted																														
The deponent and the Commissioner of Oaths to initial each page of the Affidavit.															n is															
C4. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted    hereby declare under oath/affirm that the information submitted in this Affidavit and the Notice of Bir															D	D														
I certify that before administering the oatl	h I as	ked th	ne de	oner	nt the	follov	ving (	quest	ions a	and w	rote o	down	his o	her a	answe	ers in	his o	ı rher ı	oresei	nce:										
(1) Do you know and understand the co	ntent	s of th	nis de	clarat	tion?								Ans	wer:																
(2) Do you have any objection to taking	the p	rescri	bed o	ath?									Ans	wer:																
(3) Do you consider the prescribed oath	as bi	inding	on y	our co	onsci	ence?							Ans	wer:			_													
I certify that the deponent has acknowled	laed t	that h	e or s	ho kr	owe	and u	nder	etand	e tha	conte	nte o	f thic	decls	ration	a whic	sh wa	ae ewi	orn to	/affirn	ned h	oforo	me a	and th	at the	den	onen	t'e einr	natur	a or m	ark
was affixed to the declaration in my prese				110 14	.00	ana a		Juna	5 1110	001110	,,,,,		40016	, 41101				3111 10		.00 2	0.0.0				у цор	011011	o oigi	idiai	01 11	ica re
Signature of the Commissioner of Oaths																														
Surname																														
Forenames																														$\equiv$
Designation (rank)																														
Persal number									 									!		!					!					
Business Address									, 																					
																							_							
	Ī																													
Area code					]				•	•								•						Depa	ırtme	ntal S	tamp			
Place																														
Date	Υ	Υ	Υ	Υ	]	M	M	М	М	М	М	M	М	М		D	D													



C5. FOR OFFICIAL USE ONLY- O	FFICE OF ORIGIN													
Notice of birth and affidavit received by:														
Surname														
Forenames														
Persal number	Departmental Stamp													
ignature  ate Y Y Y Y M M M M M M M D D														
Date	Y Y Y Y M M M M M M M M D D													
The deponent and the Commissioner of	Oaths to initial each page of the Affidavit.  FOR OFFICE USE ONLY													
	DHA-2	25												
	APPLICATION FOR A BIRTH CERTIFICATE (AFTER 30 DAYS) - LRB													
OFFICE DATE STAMP	Allocated Identity Number  Identity Number Applicant  L000000001													
	User ID Signature													



83aDRA

PARTICULARS FROM THE POPULATION REGISTER (R.O.:

### UNABRIDGED

# BIRTH CERTIFICATE

CHILD

IDENTITY NUMBER:

SURNAME: FORENAMES:

GENDER:

DATE OF BIRTH:

PLACE OF BIRTH: COUNTRY OF BIRTH:

MOTHER:

IDENTITY NUMBER:

MAIDEN/SURNAME:

FORENAMES:

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

FATHER:

IDENTITY NUMBER:

SURNAME: FORENAMES:

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

ENDORSEMENTS:

REGISTERED AT PRETORIA

DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED:

ISSUED BY:

:OFFICIAL DATE STAME :

DHA-19

G.P.-S 09/18



# CONFIRMATION OF BIRTH (For non-South African citizens)

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

Section 9, Regulation 7(2) And 8(5)
Annexure 5



#### ISSUED WITHOUT ERRORS OR ALTERATIONS

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

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ER /	PARI	ENT	Α																											
Υ	Υ	Υ	Υ		М	М	М	M	М	М	M	М	М		D	D (	write r	nonth	in fu	II)										
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												c	Countr	y of bi	th															
R/P	ARE	NT E	3																										_	_
																		Date o	of bir	th	Υ	Υ	Υ	,		M	M		D	D
Υ	Υ	Υ	Υ		М	М	М	M	M	М	М	M	М		D	D (	write r	nonth	in fu	II)										
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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.	PE	RSONAL PARTICULARS														
1.	SUF	NAME 2. MAIDEN NAME														
3.	FOF	RENAMES (in full)														
4.	DAT	E OF BIRTH 5. PLACE OF BIRTH														
6.	IDEI	NTITY NUMBER														
7.	If bo	orn 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)															
8.	If bo	oorn in Namibia, please state your permanent residential address as on 1990-03-21														
9.	If yo	orn in Namibia, please state your permanent residential address as on 1990-03-21														
	(a)															
	(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)														
	(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	ise furnish the following particulars in respect of your spouse:														
	(a)	SURNAME(b) MAIDEN NAME														
	(c)	FORENAMES (in full)														
	(d)	DATE OF BIRTH(e) PLACE OF BIRTH														
	(f)	IDENTITY NUMBER OF YOUR SPOUSE														
	(g)	Date on which he/she entered South Africa for the first time for permanent residence														
	(h)	Period(s) (dates) of residence in South Africa														
	(i)	Date of your marriage														
	(k)	If applicable, the date of your husband's/wife's death or your divorce														
	(K) (I)	Nationality of your spouse														
	(')															

C.	FAT	HER'S PARTICUL	ARS														DHA -529
1.	SUR	NAME															
2.	FOR	ENAMES (in full)															
3.	DAT	Number of immigration permit and date of issue  Number of certificate of naturalisation and date of issue  ne was absent from South Africa state—  Date(s) of his departure  Reason(s) for his departure  Date on which he returned to South Africa permanently  articulars in respect of foreign citizenship:  Citizenship acquired (country)  (b) Date and place of acquisition															
5.	IDEN	NTITY NUMBER															
6.	(a)	If he was born outsic	de South	Africa, 1	the da	te or	n whic	h he	entered	d Sout	h Afric	a fo	or the	first tin	ne fo	r permanei	nt residence:
	(b)	Period(s) (dates) of his	s residend	ce in Sou	uth Afr	ica											
	(c)	Number of immigration	n permit a	nd date	of issu	ıe											
	(d)	Number of certificate of	of naturali	sation a	nd date	e of is	ssue										
7.	If he	was absent from South	h Africa st	tate-													
	(a)	Peason(s) for his departure  Date on which he returned to South Africa permanently															
	(b)	Reason(s) for his depart	arture														
	(c)	c) Date on which he returned to South Africa permanently															
8.	Part	Date on which he returned to South Africa permanently  Particulars in respect of foreign citizenship:  a) Citizenship acquired (country)															
	(a)	Citizenship acquired (d	country)						(b) <b>C</b>	ate a	nd plac	се о	f acqı	uisition			
	(c)	Means of acquisition o	of foreign	citizensh	ip, i.e.	marr	riage, ı	natura	alisation	, desc	ent or i	regis	stratio	n?			
D.	МО	THER'S PARTICUL	LARS														
1.	SUR	NAME							2. M	AIDEN	I NAMI	E					
3.	FOR	ENAMES (in full)															
4.	DAT	E OF BIRTH							5. PI	LACE	OF BIF	RTH					
6.	IDEN	NTITY NUMBER						Т				7					
7.	(a)	If she was born outsi	ide South	Africa,	the da	ate or	n whic	h she	e entere	d Sou	ıth Afri	ca f	or the	first tir	me fo	r permane	nt residence:
	(b)	Period(s) (dates) of he	er residen	ce in So	uth Afr	ica											
	(c)	Number of immigration	n permit a	nd date	of issu	ıe											
	(d)	Number of certificate of	of naturali	sation a	nd date	e of is	ssue										
8.	If sh	e was absent from Sou	uth Africa	state-													
	(a)	Date(s) of her departu	ıre														
	(b)	Reason(s) for her depart	arture														
	(c)	Date on which she retu	urned to S	South Afi	rica pe	rman	ently .										
9.	Parti	culars in respect of fore	eign citize	enship:													
	(a)	Citizenship acquired (d	country)						(b) <b>C</b>	ate a	nd plac	се о	f acqı	uisition			
	(c)	Means of acquisition o	of foreign	citizensh	ip, i.e.	marr	iage, ı	natura	alisation	, desc	ent or i	regis	stratio	n?			
E.	CEF	RTIFIED THAT THE	INFOR	MATIC	N FL	JRNI	SHE	D AE	BOVE	is co	RRE	СТ					
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											1101	שטוייו					



DHA-1663 A Page 1 of 3



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

## NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

Instructions: Section A to be filled out by Auti The Informant must verify, and where necessar	horised l													e body to	determ	ine th	ne cau	se o	f death	ı.			
	Death		1.2 Stillb																				pg
Identification of the deceased (tick one box):																							thumbprint of deceased
2.1 The deceased was identified with an IE	O docum	ent / pass	port (if for	reigner)	produce	d by the	e fami	ly															t of de
2.2 Stillborn child																							borin
2.3 The features of the deceased do not s	eem to n	match the	features o	on the ID	docume	ent or p	asspo	ort of	decea	sed													thum
2.4 ID document or passport of the decea	ased was	not prese	ented. The	e decea	sed was	identifi	ed thr	ough	word o	of mo	uth												Teff
2.5 The deceased was already buried prio	r to the c	completion	of this fo	rm																			
2.6 The deceased was unidentifiable:	2.	.6.1 Burn	t	2.6.2	Decomp	osed		2.6.3	Other	r (spe	cify)												pes
2.6.4 DNA samples retrieved fo	r identific	cation pur	poses		2.6	.5 Den	ntal rec	cords	taken	for id	entific	ation	purpo:	ses									Jecea
3. Date of Death / stillbirth	y/Town\/liage)																						nt of c
4.1 Place of Death/stillbirth (City/Town/Village)																							mbpri
4.2 Province of Death/stillbirth															ĺ								Right thumbprint of deceased
5. Place of Registration of Death / stillbirth															ĺ								Righ
6. If death occurred within 24 hours after birth, no	umber of	hours aliv	/e			7. Hor	ne tel	ephoi	ne no.														
8. Identity No. (Passport No. if foreigner)											9. Ag	e at la	ast bir	hday if DC	)B is u	nknov	vn				]		
10. Date of Birth if there is no ID number	Υ	YY	M	D	D		11. 0	Sende	er		11.1	Male		11.2	Fema	le			11.3	Indet	ermina	ıble	
12. Surname																							
13. Previous / Maiden Surname																							
14. Forenames																							
15. Usual* Residential Address: Street																							
Town																							
Province															F	osta	code						
16. Citizenship																							
16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad																							
16.2 Province of Birth																							
17. Marital Status of the deceased 17.1	Single	[	17.2	2 Marrie	d			17.3	Wido	wed				17.4 Divo	rced								
18. Education level of deceased, (Specify only the highest class completed)	Gr R	Gr 1	Gr 2	G	r 3 (	Gr 4	Gr	5	Gr 6		Gr 7	- 1	Gr 8 orm 1	Gr 9 Form 2	Gr Form	n 3	Gr 11 Form NTC	4	Gr 12 Form 5 NTC 3	;   T	Jniv ech	Kno	
(mark with a ☑)																							
Usual occupation of deceased (type of work done during most of working life)																							
20. Type of business / industry: (mark with a l	☑)																						

<ol> <li>Agriculture,</li> </ol>	2. Mining and	3.	4. Electricity, gas and	<ol><li>Construction</li></ol>	<ol><li>Wholesale and</li></ol>	7. Transport, storage	8. Financial	9. Community,	10. Private
hunting, forestry and	quarrying	Manufacturing	water supply		retail trade; repair of	and communication	intermediation,	social and	households,
fishing		_			motor vehicles,		insurance, real	personal	exterritorial
					motor cycles and		estate and	services	organisations,
					personal and		business		representatives of
					household goods;		services		foreign governments
					hotels and				& other activities no
					restaurants				adequately defined
21. Was the decease	d a regular** smo	oker five years ag	go? (mark with a ☑ )	21.1	Vac 21.2	No. 21.3	Do not know	21.4 Not a	onlicable (minor)

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<sup>\*</sup> Where the deceased lived on most days. \*\*Smoking tobacco on most days.

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REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

#### NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with Jthe CORRECT box, where required. All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.  22.1 I, the undersigned, hereby certify that the deceased named in Section A to the best of my knowledge and belief, died solely and exclusively due to Natural Causes																													
													pelief,	died so	olely ar	nd excl	usively	due to	Natu	ral Ca	uses								
22.2 I, the undersigned, am not in											ural C	auses									1			1					
Particulars of the Medical Practition	ner/	Profe	ssior	nal Nu	irse v	/ho fi	lled o	ut the	forn	n:				23.	HPC	SA R	egistr	ation	No.										
24. Surname																													
25. Forenames																													
26. Name of Health Facility / Practice																	27	. Fac	ility / I	Praction	ce No.								
28. Business Address: Street	t																												
Town														İ				Pro	vince										
Telephone No. (Office)			Ì								Р	ostal (	Code								Office	stamp	of he	alth fa	cility or	pract	ice		
Telephone No. (Office)  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice  Office stamp of health facility or practice																													
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																													
Date signed Y Y Y M M D D Signature																													
Date signed Y Y Y M M D D Signature  C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST																													
Place signed  Date signed  Y Y Y Y M M D D  Signature  C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.  29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:  30.1 Natural  30.2 Unnatural  30.3 Under investigation  31. Date of Post-mortem																													
C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.  29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:  30.1 Natural  30.2 Unnatural  30.3 Under investigation																													
Place signed Date signed  C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.  29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:  30.1 Natural  30.2 Unnatural  30.3 Under investigation 31. Date of Post-mortem																													
32. Name of Medico-legal Mortuary																		33. N	Nortua	ry No									
34. Mortuary Reference Number of D	eceas	ed																											
35. SAPS Case No.													36.	Name	of Pol	lice St	ation												
Particulars of the Medical Practition	ner /	Fore	nsic F	atho	logist	who	filled	out t	he fo	rm:			36.1	HPC	SA Re	egistra	ition N	lo.											
37. Surname																													
Date signed																													
39. Business Address Stree																													
Town	=																	Pro	vince				F	ostal	Code				
Telephone No. (Office)	-										l		l		l	l			700			Offi		mp of		ıarv			
I, the undersigned, hereby certify that			46- 6							.4: 1					4	4						0,,,,	0.0	,	,,,,,,,,	,			
knowledge and belief, died solely and not true, I shall be guilty of an offence both such fine and such imprisonmen  Place signed  Date signed	exclu and o	sively on cor	due t	o natu n liable	ıral or e to a	unnat fine o	ural c r to in	auses ipriso	as in nmen	dicate	ed on	parag	raph	29 and	d in ca	se thi	s is												
D. PARTICULARS OF INFO	RMA	NT						-	_																				
Instructions: Section D to be comp	leted	by <b>in</b>	forma	nt. In	forma	nt is n	espor	nsible	for ce	rtifyin	g the	identi	ty of	the de	cease	ed.													
40. Identity No. (Passport No. if foreig	ner)																	41. D	ate of	Birth	Υ	Υ	Υ	Υ	M	M	D	D	
42. Citizenship																				]			•	•	•				14
43. Surname																				ĺ									Left thumb print of informant
44. Forenames																				ĺ									of inf
45. Residential Address: Street	H	H												<del>                                     </del>						i									print
	<b>=</b>																			l I									qun
Town	=	<u> </u>	<u> </u>		<u> </u>								<u> </u>	2	O- ·					] ]									eft th
Province	<u> </u>	_										_	1	Postal	Code									_	1				7
Telephone No. (Home)	<u> </u>	<u> </u>										Cell	phor	e No.											]				
46. The <b>Deceased</b> is my:		_	Parer					Spous				46.3							, Spe										
I, the undersigned, hereby certify that and on conviction liable to a fine or to																										uilty o	f an o	ffenc	е

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REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

#### NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992] [Regulations 11 and 14]

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required. All fields are COMPULSORY, Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprists of the decreased the information and the undertaker must be taken by the undertaker.)

(Note: The fingerprints	of the deci	eased	l, the i	inform	nant a	and t	he un	iderta	aker n	nust l	be ta	ken	by the	und	ertake	r)														
E. PARTICULARS	OF FUNE	RAL	UND	ERT	AKE	R																								
Instructions: Section E Undertaker or Informa													or her f	finger	print,	the fir	nger p	rint of	f the d	ecea	sed ar	nd the	inforr	mant.	Autho	risec	1 Fun	eral		
47. Name of Funeral Par	rlour																													
48. DHA Designation No															49. C	ompa	any Re	eg. No	).											
50. SARS Reg. No. (Inc.	ome tax refe	rence	no.)	L																										
Details of Funeral Und	ertaker or A	uthor	ised F	Repre	senta	ative																							aker	
51. Identity No. (Passpo	rt No. if foreig	gner)																											nderta	
52. Surname																													eral ui	
53. Forenames																					ĺ								Left thumbprint of funeral undertaker	
54. Business Address	Stree	t																											print	
	Tow	n																											dmur	
	Province	9												F	ostal (	Code					ĺ								Left t	
Telephone No. (Office)												Ì	1	J			Cel	lphon	e No.											
55. Date of collection of	corpse											- 56	. Date of	f Crei	mation	(if an	nlicat	ole)	Υ	Υ	Υ	Υ	M	M	D	D				
57. Place of Burial (City	/ Town / Villa	ge)										Т				(		,				Pro	vince				Ì			
58. Date of Burial			Υ	Υ	Υ	Υ	M	M	D	D			59. G	Frave	No. (if	availa	able)													
Date signed Y Y	Y Y	M	M ased:	D	D		Signa	ature										-				Offic	e star	np of	funera	al und	ertake	ır		
60. Identity No. (Passpor	rt No. if foreig	gner)										Π																		
61. Surname	,											T						1												
62. Forenames																		]												
Place signed				Б	_		•	•		•																				
Date signed Y Y	YY	IVI	IVI	D	D		Signa	ature																						
F. FOR OFFICIAL	USE ONL	Y																												
Registration of death a	pproved, D	HA-16	63 re	ceive	d by	parti	cular	s of C	OHA o	fficia	I):												Offic	e star	np of	DHA				
63. Identity No.																														
64. Surname																														
65. Forenames																														
66. Persal No.							]																							
Documents included v	vith this not	ice:			Сору	of th	e dec	eased	d's ID			Со	py of ID	doci	ument	of the	infor	mant												
					DHA	- 6 (if	applic	cable)	)			DH	A - 168	0 (if a	pplica	ble)														

Funeral Undertaker

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DHA-1663 was submitted by:

Informant

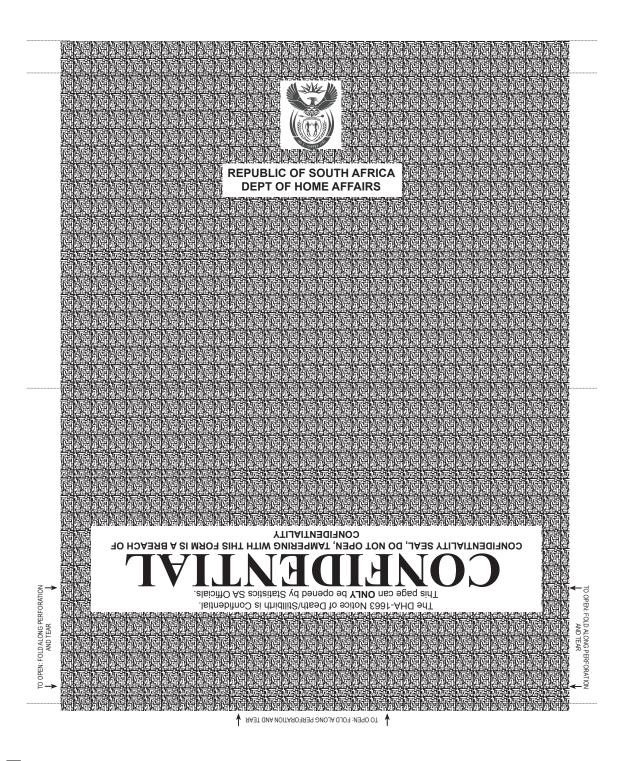
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	NOTICE OF Confirmation for Media To be completed in full a The form to be comple All fields are COMPU	cal and and subreted in I	Health unitted at BLACK	se Only the Depa INK wit plete ap	rtment o	of Hon CK LI ons a	ne Affai ETTER and ap	S. Pleas plicatio	e mar	k with[ t are r	✓the C ot legil	ORR	ECT	box, w e cons	here i	require								
FOLD TO THIS POINT	(Note: The fingerprints  ID No. (Passport No. if f		This	page									n to		sure	e co	nfid		iali Date_	ty			DHA- Page	1663 le 1 of
	G. MEDICAL CERTIF																							
	Instructions: Section G PARTICULARS OF DECI		filled out	by Medic	al Practi	itione	r /Profe	ssional N	lurse /	Forens	ic Patho	logist	t, who	has de	termine	ed the o	cause o	of deatl	h					
	67. Identity No. (Passport		reigner)																					
	68. Gender	6	8.1 Male		68.2 F	emale			68.3	Indete	erminable	•												_
	69. Surname				+				+	$\vdash$			-		_	-	+					Ш		井
	70. Forenames 71. Population Group	-	1.1 Africa		1	7	1.2 Whit			71 2 1	ndian/As	ion	+	71.4 C	Colouro	ud.		7	150	ther (sp	onifu)			
	72. Place of Death	=		tal/Inpatie	ent	=		e Dutpatien	_	72.3 [		laii		72.4 N			Ì	=		t home	euly)			
	73. Name of Health Facilit	y/Practio	e														] [	7:	2.6 C	ther (sp	ecify)			
	74. Facility Contact Teleph	hone No	incl. Are	a Code																				
	<ol> <li>Patient File No.</li> <li>Contact Person at Faci</li> </ol>		. L		+				+															+
	76. Contact Person at Faci		Surname renames																					
		Ro	ole/Rank												İ									
	G.1 FOR DEATHS OCC							ofter one	wook of	hieth														
	77. CAUSES OF DEATH	1 13 10 0	e comple	eu ioi aii	deatilo	uiat oc	ouneu e	anter one	WEEK O	Direit											For o	office u	ise only	
	Part 1 Enter the disea cardiac or resp	ise, injur iratory a	ies or con rrest, sho	nplications	s that cau	used th	he death	n. Do not	enter th	e mode line	of dying	, such	as		А	pproxima death	te interva				ICD-	-10		
	IMMEDIATE Condition result	AUSE (	final disea	ise or	a)			equence	-6						_									
	Sequentially lis			ı.	b)	(or as	a cons	equence	31)															
	leading to imm	ediate ca	ause.		Due to	(or as	a cons	equence	of)						_									÷
	Enter UNDERL (Disease or inju events resulting	ury that i	nitiated	t		(or as	a cons	equence	of)						_									+
	Part 2 Other significan			ibuting to	d) death bu	ut									-									
	not resulting in					40.1						1			_									$\perp$
	78. If a <b>female</b> , was she p							to death	?(≌)			82.	1 Yes		<u>_</u>	82.	2 No							
	79.1 Autopsy			mortem e				79.3 O	pinion o	f atten	ding med	ical pr	actitio	ner	7	9.4 Op	inion o	f atten	ding r	nedical	practitio	ner on	duty	
	79.5 Opinion o							_			ly memb			L	7	9.7 Oth	ner (spe	ecify) .						
	G.2 FOR STILLBIRTHS Instructions: Section G.3													inatal d	leaths)									
				Moth	ner						1							Child						
	80. Identity Number									1	89.	Туре	of dea	ith:			89.1	Stillbi	irth	Г	89.2	2 Live	birth	
	81. Date of Birth	Υ	Y	M M	D	D					90.	Birth	weight	t (in gra	ms)									
	82. Age of last birthday/ D				ш						91.	This b	irth wa	as:	L	_	1 Singl		1	=	1.2 First			
	83. Number of previous pr			ng in: 83.2 Still	births	Г		83.3 Ab	ortions		92	If still	born	heartbe	at cea		3 Seco	nd twir	n	9	1.4 Other	r multip	ole	
	84. Outcome of last previ	_			Dilato	_			01110110		02.			1 Befor										
	84.1 Live birth		84.2	Stillbirth		84.3	Abortion						=	2 Durin										
	85. Date of last previous d		Y V	YY	Y	M I	M D	D			00	16									re or duri	ring lab	our	7
	<ol> <li>First day of last menst</li> <li>Or, if unknown, estimated</li> </ol>			ancy (in c	ompleted	d week	(s)							urred w	AUTIITI 24	4 nours	alter D	urun, mu	umbe	r or not	irs alive	L		_
	87. Method of delivery:		7.1 Spo		,	Ĺ		Vacuun	extrac	tor		_		ysician										
		-		eps delive		Ļ	_	Caesar			ŀ	=		ined mi										
	88. Antenatal care two or			eps and ro	otation	L	87.6	Other (	pecify)		╠	=		ner train ner (spe		son (sp	ecify)							
	88.1 Yes	88.2		88.	.3 Unkno	own	withdrawn				_		. 00	,upu							******			
				_						95. C	AUSES	OF D	EATH											
	a. Main disease or condition																							
	a. Main disease or condition     b. Other diseases or conduction     c. Main maternal disease	litions in	foetus or	infant	or inf		_																_	

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#### REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS

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Serial number

Annexure 7

#### DEATH REPORT BY AUTHORISED PERSON

[Births and Deaths Registration Act 51 of 1992]

[Section 14(1)(b)]

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

Instructions: Section A to be complet and where necessary, complete in full t									Sener	al. Th	umbp	rints c	of the	decea	sed a	re coi	mpuls	sory a	and mi	ust be	taker	in th	e pres	ence	of the	infor	mant.	The ir	forma	nt mu:	st verify,
A. PARTICULARS OF D	DEC	EAS	SED																												
Identity number (passport if fore										1					1				1				Sex						$\neg$		
Date of birth	Υ	Υ	Υ	Υ	M	M	D	D		1	Date	of d	eath	Υ	Υ	Υ	Υ	М	M	D	D						<u> </u>				
Citizenship																															t of
Surname																															Right thumbprini deceased
Previous/Maiden surname																															thumbpr
Forenames																															Right
Place of death:	own																														
Prov	ince																														ped
Residential address: St	treet																														Sceas
Т	own																														of de
Provi	ince														Pos	stal c	ode														oprint
Telephone no. (home)  Married Single Married Widowed Divorced															hum.																
Education level of deceased, No Gr R Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6 Gr 7 Gr 8 Gr 9 Gr 10 Gr 11 Gr 12 Univ Unkno Specify only the highest class ne Form 1 Form 2 Form 3 Form 4 Form 5 Tech wn															Left																
Specify only the highest class  No Gr R Gr 1 Gr 2 Gr 3 Gr 4 Gr 5 Gr 6 Gr 7 Gr 8 Gr 9 Gr 10 Gr 11 Gr 12 Univ Unkno NTC 1 NTC 2 NTC 3															Inkno																
Specify only the highest class ne Form 1 Form 2 Form 3 Form 4 Form 5 Tech wn NTC 1 NTC 2 NTC 3																															
Form 1   Form 2   Form 3   Form 4   Form 5   Tech   wn																															
Specify only the highest class ne Form 1 Form 2 Form 3 Form 4 Form 5 Tech wn NTC 1 NTC 2 NTC 3 Support NTC 1 NTC 2 NTC 3 Support NTC 1 NTC 2 NTC 3 Support NTC 1 NTC 2 NTC 3 Support NTC 3 Support NTC 2 NTC 3 Support NTC																															
NTC 1 NTC 2 NTC 3																															
(mark with a tick																															
Usual occupation of deceased: work done during most of working life  Type of business / industry:																															
(mark with a tick																															
B. CAUSE OF DEATH	/e (5)	) yea		mplet					res	<u> </u>	<u> </u>	NO	<u> </u>		Do	not K	now				IOI	арріі	cable	e (m	inor)						
Provide full description of      Substitute of the substitute									se o	f de	ath																				_
3. If yes, for how long?		, ~																													_
																															_
4. What was the nature of the	illne	ess?	•																												
																															_
																															-
C. PARTICULARS OF II	NFO	RM	AN'	Т		(* Cc	mple	ted b	y Info	rman	it)																				
Identity number (passport if fore	oiana	\r\				Ι		Ι	1		1	Ι	1	1					1												1
	eigiie	<i>ii )</i>							1										<u> </u>												οę
Citizenship				Υ	Υ	Υ	M	M	D	D	<u> </u>		<u> </u>	C																	Left thumbprint informant
Date of birth Surname			T	T	T	1	IVI	IVI	D	D	<u>.</u>	1	1	Sex	I																thumbprir informant
																															# th
Previous / Maiden surname						-		-			<u> </u>	-	<u> </u>						-		-										۳
Forenames	01																										ı I		_	$\overline{}$	
Residential address:		reet													_	<u>.                                    </u>													_	+	+
T-lb	10	own									<u> </u>	<u> </u>	<u> </u>	<u> </u>		vince	-										Cod	de	_	_	
Telephone number (home)					_			1.					Cell p					1								ļ					
Relationship to the deceased:				Pare					use		<u> </u>		ughte				<u> </u>	Oth													
I, the undersigned, hereby decl person whose particulars appear punishable under section 31 of	ar in	Part	D ar	nd th	at th	e inf	orma	ation	subr	nitte	d in f	his f			supp	orting	g do						rrect.	l ur	iders	tand					
															Dat	e sig	ned		Υ	Υ	Υ	Υ	M	M	D	D	J				
Signature								_		_					Plac	ce siç	gned	_													

D. DECLARATION BY AUTHORISED PERSON	BARCODE													
I, the undersigned, hereby declare that:	(choose the applicable option)													
a) I was present at the above mentioned death / saw the body.														
b) I did not witness the death and did not see the body. The certificate is issued in good faith, as informed by th whose particulars appear in Part C.	e person													
c) The information furnished in Parts A and B is to the best of my knowledge and belief true and correct.														
d) A medical practitioner has not certified the cause of death as, one was not available to do so.														
Was the deceased a female person known to be pregnant?	Don't know													
I, the undersigned, hereby declare under oath that the information submitted in this form and supporting docum	ents are to the best of knowledge and belief true and correct. I													
understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of	of 1992.													
Date signed	Y Y Y M M D D													
Signature Place signed														
E. PARTICULARS OF AUTHORISED PERSON														
, the undersigned, hereby certify that the information provided above is to the best of my knowledge and belief true and correct  Identity number  Date of birth  Designation no.  Designation no.														
	The life of the li													
Surname Surname	i of au													
Forenames	ppinit of person													
Residential address Street Street	#n													
Town Postal code	٦													
Province Telephone number	per (office)													
Cellphone no.														
E-mail address:														
	Office Stamp													
Signature Date signed Y Y Y N	1 M D D													
F. FORM DELIVERED TO HOME AFFAIRS OFFICE BY														
Identity no. (passport if foreigner)														
Surname														
Forenames														
Relationship to the deceased Parent Spouse Child Other, specify														
C. FOR OFFICIAL LISE ONLY														
G. FOR OFFICIAL USE ONLY	Need investigation													
The information stated above has been verified by  Status  Approved	Need investigation													
Surname	Office stamp													
Forenames														
Persal no.														
Rank														
Signature Date s	signed Y Y Y M M D D													
	ppy of ID document of the informant													
	ppy of Authorisation Letter issued to Authorised Person													
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No.0094295

G P.-S. 83/BI-18

(83/BI-18)



#### REPUBLIC OF SOUTH AFRICA

#### DEPARTMENT OF HOME AFFAIRS

### **UNABRIDGED DEATH CERTIFICATE**

(Issued in terms of Act 51 of 1992)

Cer	tified a true extract from the death register ot:
1.	Identity Number
2.	Surname
3.	Forenames in full
4.	Date of birth: Year Month Day 5. Gender
6.	Occupation
8.	Country of birth
9.	Nature of pension
10.	Residential address
	PARTICULARS OF DEATH
11.	Date of death: Year Month Day
12.	Place of death
13.	Cause of death
14.	Duration of disease or last illness
15.	Name of medical practitioner
16.	Intended place of burial
	INFORMANT
17.	Capacity
18.	Signed by
1	(Official date stamp)
-	Director-General: Home Affairs

Designation (Rank)

G.P.-S. 09/09



# DEPARTMENT OF HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

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

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

Quote DHA	1663 Serial Number

To be completed in full and submitted at the Department of Home Affairs' office or to a South African Embassy or Consulate. The form to be completed in black ink with **BLOCK LETTERS**. Please mark the CORRECT box with  $\square$ , where required. **Applications that are incomplete or not legible shall not** A. PARTICULARS OF THE STILL BORN CHILD Surname of Child Forenames (if any) Υ M M M M M M M M D D (write month in full) Date of still birth Gende Place of birth: City/Town B. PARTICULARS OF DECLARANT Identity number Surname Forenames eff Residential address: Town/Village Telephone no., incl. area code Other, Specify Child I hereby declare under oath that the information submitted in this form is true and correct, and I understand that a false statement is punishable under section 31 of the Birth and Death Registration Act 51 of 1992 Signature C. DECLARATION (For offices use only) I certify that before administering the prescribed oath/solemn declaration I put the following questions to the deponent and noted his/her replies in his/her presence: Office Stamp Do you know and understand the contents of the above declaration? Have you any objection to taking the prescribed oath? Do you regard the prescribed oath/solemn declaration to be binding on your conscience? Answer: I certify that the deponent has acknowledged that he/she knows and understands the contents of the above declaration which was sworn to/ affirmed before me and that the deponent's signature/thumb-print/mark was placed in my presence. I understand that if I gave any false statement, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992.) YYYY M M D D Signature of the Commissioner of Oaths Identity number Street Address

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Signature of recipient														_				Da	te rec	eived	Υ	Υ	Υ	Υ		M	М	D	D

G.P.-S. 017-0150 DHA-20

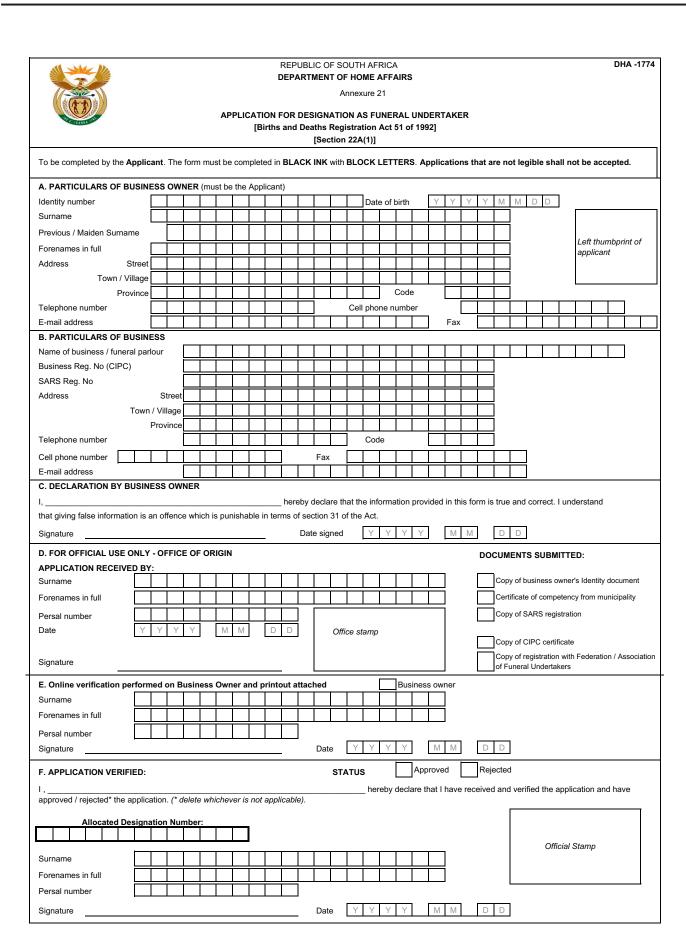


# **DEPARTMENT: HOME AFFAIRS**REPUBLIC OF SOUTH AFRICA

#### **ABRIDGED DEATH CERTIFICATE**

(Issued in terms of Act No. 51 of 1992)

Certified a true extract from the death register of:
Identity number
Surname
Forenames in full
Date of birth: Year Month Day
Gender
Marital status
Date of death: Year Month Day
Place of death
Cause of death
(Official date stamp) Director-General: Home Affairs



Signature of Applicant:

G.P.-S. 09/18

# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-154/132/130

#### APPLICATION FOR COPY OF A CERTIFICATE

A000000001

Annexure 16 To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with ☑ the CORRECT box, where required. **Applications that are not legible shall not be accepted.** Please select below which certificate is required: Birth Certificate Certified copy of Birth Register (vault copy) Certified copy of Death Register (vault copy)

Death Certificate											(	Confir	matic	n of	Birth										Har	dwrit	ten d	leath o	certific	cate	
Certified copy of marriage register												Marr	riage	certifi	icate		]	Spe	cify ty	pe of	marri	age									
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Relationship to the person concerned:		Mot	her/P	arent	Α			Fath	er/Pa	ırent l	3			Lega	al gua	ırdian	(Atta	ch pr	oof of	guar	dians	hip)				Hus	band	/Wife			
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C. DECLARATION / OATH /	AFFIRMA	TION	ı																							
NOTE: Commissioner of Oaths n	nust be an	autho	orised DH	A offic	ial at	the	office	whe	ere a	ppli	ication	is sı	ubmit	ted												
I, for Birth, Marriage or Death certific	cate, confirm	nation	of birth a													under oath tand that a							ffidavit	and th	е Арр	olication
Signature of deponent:																1	Date s	signed	Y .	YY	Y	1	M	M	Γ	D D
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(2) Do you have any objection	to taking th	ne pre	scribed oa	ıth?							An	swer	:													
(3) Do you consider the prescr	ribed oath t	o be b	oinding on	your c	onsc	ience	э?				An	swer	:													
I certify that the deponent has ack			he/she kno	ows an	ıd un	derst	tands 1	the c	conte	nts	of this	decla	aratio	n whic	ch w	was sworn	to/affi	rmed l	before m	e and	that the	e dep	onent	's signa	ature o	or mark
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D. FOR OFFICIAL USE ONLY																										
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