

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;
- (e) a certified copy of the identity document of the biological or adoptive mother or father or both parents of the child whose birth is sought to be registered, as the case may be;
- (f) a certified copy of a valid passport and visa or permit, where one parent is a non-South African citizen;

- (g) where applicable, a certified copy of the death certificate of any deceased parent;
- (h) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered;
- (i) where applicable, a certified copy of the identity document or valid passport and visa or permit of the next-of-kin or legal guardian; and
- (j) proof of payment of the applicable fee.

(4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA–24/LRB illustrated in Annexure 2 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.

(5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

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

5.(1) A notice of birth for a child or a person who is older than one year must be made by the biological parents of the child or a person as contemplated in subregulation (3).

(2) Where both parents of a child or person whose birth is sought to be registered in terms of subregulation (1) are deceased, the notice of birth must be given by the next-of-kin or legal guardian of the child or person: Provided that where the person whose birth is sought to be registered is 18 years or older, such a person may give notice of his or her own birth.

(3) A notice of birth referred to in subregulation (1) must be given by, where possible, both parents to the Director-General on Form DHA–24/LRB illustrated in Annexure 2 and be accompanied by—

- (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1A attested to by a medical practitioner who—
 - (i) attended to the birth; or
 - (ii) examined the mother or the child after the birth of the child;
- (b) an affidavit attested to by a South African citizen who witnessed the birth of the child or the person where the birth occurred at a place other than a health institution on Form DHA–24/PBA illustrated in Annexure 1E;
- (c) biometrics, in the form of a palm, foot or fingerprint, of any child younger than 7 years whose birth is sought to be registered in the appropriate space on Part A8 of Form DHA–24/LRB illustrated in Annexure 2;
- (d) fingerprints of—
 - (i) the parents; and
 - (ii) the child or person who is 7 years or older,

which shall be verified online against the national population register: Provided that where the parents fingerprints cannot be verified online, the full set of fingerprints of the parents shall be taken on Form DHA-24/LRB illustrated in Annexure 2: Provided further that where the child's fingerprints cannot be verified online, the full set of fingerprints of the child must be taken on Part A.9 of Form DHA-24/LRB;

- (e) two recent identity size photographs of a child or person who is 7 years or older, affixed to the appropriate space on Part A9 of Form DHA-24/LRB illustrated in Annexure 2;
- (f) a certified copy of the identity document or passport and visa or permit of the parents of the child or person whose birth is sought to be registered, where one of the parents is a non-South African citizen;
- (g) where applicable, a certified copy of the death certificate of any deceased parent of the child or person;
- (h) where applicable, a certified copy of the marriage certificate of the parents of the child or person;
- (i) where applicable, a certified copy of the identity document or passport and visa or permit of the next-of-kin or legal guardian of the child or person; and
- (k) proof of payment of the applicable fee.

(4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA-24/LRB illustrated in Annexure 2 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.

(5) A notice of birth which does not meet the requirements of subregulations (3) and (4), shall not be accepted.

Verification, approval or rejection of notice of birth

6.(1) Upon approval of a notice of birth given in accordance with regulations 3, 4 and 5 the Director-General must issue to the parents—

- (a) a birth certificate on Form DHA-5 illustrated in Annexure 3; or
- (b) an acknowledgement of receipt on Form DHA-25 illustrated in Annexure 1 or Annexure 2, as the case may be, if, for any reason, the birth certificate cannot be issued immediately.

(2) Any person who is issued with a birth certificate must verify the information contained therein and if found to be incorrect must, within 7 days of receipt of the birth certificate, return such birth certificate to the Director-General for rectification as contemplated in section 7 of the Act.

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

Notice of birth of children born of permanent residents and refugees

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

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

8.(1) A notice of birth of a child born of parents who are non-South African citizens and who are not permanent residents or refugees must be given as contemplated in subregulation (3) by either parent of the child within 30 days of the birth of the child in the Republic.

(2) Where the parents of the child whose birth is sought to be registered as contemplated in subregulation (1) are deceased, the notice of birth may be given by the next-of-kin or legal guardian of the child.

(3) A notice of birth referred to in subregulation (1) must be given to the Director-General on Form DHA-24 illustrated in Annexure 1 and be accompanied by—

- (a) proof of birth on Form DHA-24/PB illustrated in Annexure 1A attested to by a medical practitioner who—
 - (i) attended to the birth; or
 - (ii) examined the mother or the child after the birth of the child;
- (b) an affidavit attested to by a person who witnessed the birth of the child where the birth occurred at a place other than a health institution on Part A5 of Form DHA-24 illustrated in Annexure 1;
- (c) a certified copy of a valid passport and visa or permit of the mother or father, or both parents, of the child, as the case may be;
- (d) where applicable, a certified copy of the valid identity document or passport and visa or permit of the next-of-kin or legal guardian;
- (e) where applicable, a certified copy of an asylum seeker permit issued in terms of section 22 of the Refugees Act of the mother or father or both biological parents of the child;
- (f) where applicable, a certified copy of the death certificate of any deceased parent of the child;
- (g) where applicable, a certified copy of the marriage certificate of the parents of the child whose birth is sought to be registered; and
- (h) proof of payment of the applicable fee.

(4) Where a woman gives birth to more than one child during a single confinement, the notice of birth contemplated in subregulation (1) must be given for each child separately on Form DHA-24 illustrated in Annexure 1 with all the supporting documents contemplated in subregulation (3) and the exact time of each birth must be recorded in that Form.

(5) Upon approval of a notice of birth, the Director-General must issue to the parents a confirmation of birth without an identity number on Form DHA-19 illustrated in Annexure 4, in terms of section 5(3) of the Act.

Notice of birth of abandoned or orphaned children

9.(1) A notice of birth of an abandoned or orphaned child in terms of section 12 of the Act must be given on Form DHA–24 illustrated in Annexure 1 by a social worker within 60 days of obtaining a court order in terms of section 156 of the Children’s Act, and must be accompanied by—

- (a) a court order issued by the children’s court;
- (b) a certified copy of the identity document or valid passport and visa or permit of the social worker;
- (c) where available, a certified copy of the identity document or passport and visa or permit of the parents of the child;
- (d) where available, a certified copy of the death certificate of the parents of the child; and
- (e) a social workers’ report that was presented to the children’s court.

(2) Where it is apparent from a notice of birth that the child whose birth is sought to be registered in terms of the court order is a non-South African citizen, the Director-General may deal with the notice as contemplated in regulation 8 and inform the relevant children’s court accordingly.

(3) The social worker who submits a notice of birth of a child referred to in subregulation (1), must give a name or surname, or both name and surname, to that child if the name or surname or both name and surname have not been given to the child.

(4) A birth certificate issued in terms of section 12 of the Act must contain the particulars of the parents of the child where such particulars are known.

Recording of adoption in birth register

10.(1) An application for recording of adoption referred to in section 27B of the Act must be made by the adoptive parents, within 90 days of the registration of the adoption order by the adoption registrar, on Part G of Form DHA–24 illustrated in Annexure 1.

(2) The application contemplated in subregulation (1) must be supported by the documentation referred to in section 245 of the Children’s Act, which are—

- (a) a certified copy of the adoption order;
- (b) a certified copy of the original birth certificate of the child; and
- (c) where applicable, proof of payment of the applicable fee.

(3) Upon approval of the application to record the adoption of the child on the birth register, the old identity number of the adopted child must be blocked and marked and a new identity number issued, together with a corresponding birth certificate recording the names of the adoptive parents.

Birth outside Republic

11.(1) A notice of birth given for a child born of South African citizens outside the Republic as contemplated in section 13 of the Act shall be on Form DHA–24 illustrated in Annexure 1 and be accompanied by—

- (a) Form DHA–529 illustrated in Annexure 5; and
- (b) an unabridged birth certificate or other similar document issued by the relevant authority in the country where the birth occurred.

(2) A notice of birth contemplated in subregulation (1) must comply with the requirements as set out in regulation 3, 4 or 5, as the case may be.

(3) A notice of birth contemplated in subregulation (1) must be given to the Head of a South African diplomatic or consular mission or to any district or regional office of the Department in the Republic.

(4) The Director-General must, in respect of each notice received in terms of this regulation, determine the citizenship of the parents in accordance with the provisions of the South African Citizenship Act, and if one of the parents is a South African citizen, register the birth in terms of section 5(2) of the Act and issue a birth certificate to the parents.

(5) Any person who, in terms of section 6 of the South African Citizenship Act, has lost and subsequently applied for resumption of his or her South African citizenship and requires his or her child to be registered in terms of this regulation, must give such notice in the Republic.

CHILDREN BORN OUT OF WEDLOCK**Notice of birth of child born out of wedlock**

12.(1) A notice of birth of a child born out of wedlock shall be made by the mother of the child on Form DHA-24 illustrated in Annexure 1 or Form DHA–24/LRB illustrated in Annexure 2, whichever applicable.

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

- (a) enter his particulars and sign on Part A4 of Form DHA-24 illustrated in Annexure 1 at the offices of the Department and in the presence of an official of the Department as contemplated in section 10(1)(b) of the Act;
- (b) in the case of late registration of birth, submit an affidavit on Part A4 of Form DHA–24/LRB illustrated in Annexure 2 in which he—
 - (i) states his relationship to the mother; and
 - (ii) acknowledges paternity of the child; and
- (c) have his fingerprints verified online against the national population register: Provided that in the event of the father being a non-South African citizen, he must submit a certified

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

Amendment of birth registration of child born out of wedlock

13.(1) An application for an amendment of birth registration referred to in section 11(1) of the Act shall be made on Part C of Form DHA-24 illustrated in Annexure 1.

(2) The Director-General must upon the approval of the application contemplated in subregulation (1), amend the registration of the birth and issue a new birth certificate in accordance with the said application.

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

14.(1) An application for the insertion of the father's particulars in terms of section 11(4) of the Act shall be made on Part E of Form DHA-24 illustrated in Annexure 1.

(2) An application contemplated in subregulation (1) made by a person who is a non-South African citizen shall be accompanied by original paternity test results, not older than 3 months, from an institution designated by the Director-General confirming that such person is the biological father of the child.

(3) The Director-General must authenticate the veracity of the information furnished to him or her in respect of the application contemplated in subregulation (1) before approving the application.

(4) Upon approval of the application, the Director-General must record the particulars of the person as the father of the child on the birth register of the child and issue to such person—

- (a) a birth certificate on Form DHA-5 illustrated in Annexure 3; or
- (b) an acknowledgement of receipt on Form DHA-25 illustrated in Annexure 1, if, for any reason, the birth certificate cannot be issued immediately.

AMENDMENTS OR ALTERATIONS

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

15.(1) Any person who requires to alter the particulars of a father whose particulars already appear in the birth register of a child as the father as contemplated in sections 10(1)(b) and 11(4) of the Act, shall submit an application on Part E of Form DHA-24 illustrated in Annexure 1, supported by conclusive proof contemplated in subregulation (2).

(2) The conclusive proof contemplated in subregulation (1) shall be in the form of original paternity test results not older than 3 months, obtained at the cost of the applicant from an institution designated by the Director-General.

Alteration of forename

16.(1) An application for the alteration of a forename referred to in section 24 of the Act must be made on Part D of Form DHA–24 illustrated in Annexure 1.

(2) A person of age who, in terms of section 24 of the Act, has previously applied for and was granted a change of a forename, may not thereafter apply for a subsequent change of his or her forename, unless—

- (a) there are exceptional circumstances, which circumstances must be clearly stated and attested to in the Form of an affidavit; or
- (b) his or her forename was initially changed whilst he or she was still a minor.

(3) The identity number of a person who has altered his or her forename in terms of section 24 of the Act may not be amended.

Alteration of surname of minor

17.(1) An application for the alteration of a surname of a minor referred to in section 25 of the Act must be made on Part B1 of Form DHA–24 illustrated in Annexure 1.

(2) Despite the alteration of a surname of a minor, the recorded particulars of the biological father must not be amended on the birth certificate of the minor except upon approval of the application made in terms of regulation 11, 12 or 13, or where the minor is the subject of an adoption order or a court order has been granted to that effect.

(3) The identity number of a minor whose surname has been altered in terms of section 25 of the Act may not be amended.

Assumption of another surname

18.(1) An application for assumption of another surname referred to in section 26 of the Act by a person of age must be made on Part B2 of Form DHA–24 illustrated in Annexure 1.

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

- (a) a change in the marital status of a woman;
- (b) assumption by a person of his or her biological father's surname, where the father has recently acknowledged paternity in terms of regulation 13 or 14; or
- (c) protection of a person in terms of the Witness Protection Act, 1998 (Act No. 112 of 1998).

(3) An application contemplated in subregulation (1) must be accompanied by—

- (a) a certified copy of the identity document or birth certificate of the applicant;
- (b) a certified copy of the identity document or valid passport of the biological mother or father or both parents of the child, as the case may be;
- (c) where applicable, a certified copy of the marriage certificate of the parents;
- (d) where applicable, a certified copy of the death certificate of any deceased parent;

- (e) where applicable, a letter issued by the Director: Witness Protection; and
- (f) proof of payment of the applicable fee.

(4) Upon approval of an application contemplated in subregulation (1), any alteration of a forename, surname or assumption of another surname made in terms of section 24, 25 or 26 of the Act must be made—

- (a) by entering the altered forename or surname or assumed surname of the minor in the birth register; and
- (b) if the particulars of the person have been included in the national population register, by including the altered forename, surname or assumed surname in the national population register,

without erasing the previous forename, surname or assumed surname.

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

Alteration of sex description

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

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

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

REGISTRATION OF DEATHS

Notice of death for South African citizens

21.(1) A notice of death must be given within 72 hours of the death by the informant—

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

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

Notice of death for non-South African citizens

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

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

Certificate by medical practitioner

23.(1) A certificate in respect of a death due to causes referred to in sections 15(1) and (2) and 17(1) of the Act, must be issued on Form DHA-1663 illustrated in Parts A, B, C and G of Annexure 6.

(2) The medical practitioner concerned must, on request and free of charge, issue to the informant or funeral undertaker the original Form DHA-1663 illustrated in Annexure 6, excluding Part G, and preserve a copy of the Annexure 13 for a period of at least five years.

(3) The Director-General may at any time require the concerned medical practitioner to submit a copy of any cause of death certificate issued by him or her.

Notice of stillbirth

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

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

Death outside Republic

25.(1) A notice of death of a person who died outside the Republic as contemplated in section 19(1) of the Act may be given to the head of any South African diplomatic or consular mission or to any district or regional office of the Department in the Republic.

(2) A notice of death contemplated in subregulation (1) shall be accompanied by—

- (a) a death certificate or any other document issued by the authority of the country where the death occurred;
- (b) a copy of the identity document or passport of the deceased; and
- (c) a copy of the identity document or passport and visa or permit of the informant;

(3) On receipt of the notice contemplated in subregulation (1), the official at the mission must complete Form DHA–1663 illustrated in Annexure 6 and issue proof of notice of death to the informant on Form DHA–1577 illustrated in Annexure 8.

(4) The head of a mission must, as soon as possible, forward to the Director-General each completed DHA–1663 illustrated in Annexure 6, together with all the supporting documents, and the Director-General shall record the death as contemplated in regulation 21(2).

(5) A proof of notice of death must be issued upon registration of death, in addition to a burial order.

(6) The granting of permission in terms of section 19(3) of the Act for the issuing of a burial order, must be made, in writing, on the strength of a death certificate or other similar document issued by the authority concerned in the country where the death occurred and the Director-General may, in his or her discretion, request any further information in respect of the deceased, or investigate or cause to be investigated the desirability or not of the burial in the Republic.

Burial order

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

Burial register

27. The particulars to be entered into the burial register as contemplated in section 21 of the Act are—

- (a) the names and surname of the deceased, as contained in the burial order;
- (b) the identity number or passport number of the deceased;
- (c) the date of death of the deceased;

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

Death certificate

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

Designation of funeral undertakers

29.(1) An application for designation as a funeral undertaker in terms of section 22A(1) of the Act must be made on Form DHA–1774 illustrated in Annexure 14 and be accompanied by—

- (a) a certified copy of the identity document of the applicant;
- (b) a certificate of competence issued by the relevant municipality or authority;
- (c) where applicable, a business licence;
- (d) a recent valid tax registration certificate for the business issued by the South African Revenue Service;
- (e) proof of registration with any federation or association of funeral undertakers; and
- (f) proof of payment of the applicable fee.

(2) In order to qualify for designation as funeral undertaker, a person must—

- (a) be a South African citizen of 18 years or older;
- (b) not be an official employed by the Department; and
- (c) demonstrate to the Director-General his or her knowledge of the Act by successfully completing a written examination conducted by the Department from time to time.

(4) A designated funeral undertaker who acts as an informant on behalf of the family of the deceased must submit proof of appointment to confirm him or her as the representative of the family of the deceased whose notice of death is being given by such funeral undertaker.

(5) The Director-General may withdraw the designation as a funeral undertaker if satisfied that the funeral undertaker has not complied with the provisions of the Act or has been convicted of a criminal offence without the option of a fine.

Issuing of certificates

30.(1) An application for a certificate contemplated in section 28(1) of the Act must be made on Form DHA–132/154/130 illustrated in Annexure 15, 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)

G.P.-S 09/18

DHA-24



home affairs
Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA



B000000001

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.

INSTRUCTIONS:

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

Birth Registration Within 30 days

Application for Amendment

ID number of person whose details are to be amended

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

FOR OFFICE USE ONLY

NOTICE OF BIRTH AND AMENDMENT OF PERSONAL DETAILS

(only issue to acknowledge receipt if the birth certificate is not printed and for all amendment of personal details)

OFFICE DATE STAMP

DHA-25

User ID

Signature _____



B000000001

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

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



home affairs
Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

Allocated Identity Number:

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



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PART A: BIRTH REGISTRATION
[Births and Deaths Registration Act 51 of 1992]

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

Date of application:

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

A1. DETAILS OF THE CHILDSurname:

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

Forenames in full:

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

Date of birth:

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

 Sex:

--	--	--	--

Are the parents of the child married to each other? Yes No**NOTE: If twins or more, provide time of birth for each child. For each child, complete separate form and submit all forms together.**Child 1: Time

--	--	--	--

 Child 3: Time

--	--	--	--

 Child 5: Time

--	--	--	--

Child 2: Time

--	--	--	--

 Child 4: Time

--	--	--	--

 Child 6: Time

--	--	--	--

Place of birth: City/Town

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

 Province

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

Country of birth:

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

NOTE: For applications related to false registration, please indicate details of correct parents that should be reflected**A2. DETAILS OF MOTHER (PARENT A)** (In the case of Civil Union this section must be completed by the natural mother)ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No. if foreigner:

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

Date of birth:

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Present surname:

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

Maiden surname:

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

Forenames in full:

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

Place of birth: City/Town

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

 Country of birth:

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

Residential address: Street

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

Town/Village:

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

 Province:

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

Telephone no., incl. area code:

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

 Cell phone no.:

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

 Postal code:

--	--	--	--

E-mail address:

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

Citizenship:

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

Left thumb of Mother/
Parent A**A3. DETAILS OF FATHER (PARENT B)**ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No. if foreigner:

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

Date of birth:

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Present surname:

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

Maiden surname:

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

Forenames in full:

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

Place of birth: City/Town

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

 Country of birth:

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

Residential address: Street

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

Town/Village:

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

 Province:

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

Telephone no., incl. area code:

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

 Cell phone no.:

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 Postal code:

--	--	--	--

E-mail address:

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

Citizenship:

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

Left thumb of Father/
Parent B



B000000001

A4. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD

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

Mother's consent to the acknowledgement of paternity

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

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

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

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

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

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

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

Date of birth

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Surname

Previous/Maiden surname

Forenames in full

Physical address Street Postal code

Town/Village Province

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

E-mail address

Relationship to Mother/Parent A

Left thumbprint
of Witness

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

DECLARATION BY PERSON WHO WITNESSED THE BIRTH

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

WITNESS

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Place



A6. DETAILS OF THE APPLICANT / NEXT OF KIN / LEGAL GUARDIAN / SOCIAL WORKER (if Applicant is not the parent, please complete and submit Form DHA-288/B, where applicable)

Relationship to child, if next of kin:

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

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

Surname

Forenames in full

Initials and surname

Signature

Thumbprint

A7. FOR OFFICIAL USE ONLY - FRONT OFFICE CLERK

APPLICATION RECEIVED AND VERIFIED BY:

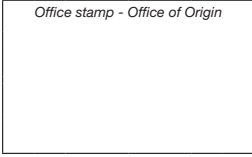
Surname

First name

User ID

Stat Birth

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



DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK

- | | | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Proof of Birth Form (DHA-24/PB) | <input type="checkbox"/> Paternity test results (if applicable) | <input type="checkbox"/> Certified copy of the Foreign birth certificate of the child |
| <input type="checkbox"/> Certified copy of Mother's/Parent A's ID | <input type="checkbox"/> Copy of valid passport (all pages) | <input type="checkbox"/> Citizenship determination Form DHA-529 (SA Parent) |
| <input type="checkbox"/> Certified copy of Father's/Parent B's ID (if applicable) | <input type="checkbox"/> Certified copy of court order (abandoned/ orphaned children) | <input type="checkbox"/> Citizenship determination Form DHA-529 (Child) |
| <input type="checkbox"/> Certified copy of Next of kin / Legal Guardian/Social Worker's ID | <input type="checkbox"/> Certified copy of death certificate (if applicable) | <input type="checkbox"/> Copy of refugee permit (s24 ito Refugees Act), if applicable |
| <input type="checkbox"/> Certified copy of Marriage / Civil Union/ Customary Marriage Certificate of parents (if married) | | <input type="checkbox"/> Copy of Asylum Seeker permit (s22 ito Refugees Act), if applicable |
| <input type="checkbox"/> DHA-1658 if married religiously i.e. Muslim, Hindu | | <input type="checkbox"/> Copy of permit (to Immigration Act), if applicable |
| <input type="checkbox"/> Certified copy of Social Worker's Registration Certificate | | |

Online verification performed and printouts attached for following persons:

Mother (Parent A)
 Father (Parent B)
 Next of Kin
 Legal guardian
 Social worker
 Person who witnessed birth

Date

Signature _____

A8. APPLICATION RECEIVED AND VERIFIED: (SUPERVISOR)

STATUS Approved Rejected

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

User ID

Date

Signature _____



B000000001

PART B: AMENDMENT OF PERSONAL DETAILS

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

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

Grid for entering the new surname

THE REASON FOR MY APPLICATION IS AS FOLLOWS: (Please indicate with a [x] the reason which is applicable)

- Reasons for application: My child was born out of wedlock... The marriage with the natural father... As a widow I resumed my maiden surname... The birth of my child out of wedlock... I am the guardian of the minor... I assumed my parent(s) surname...

Signature of father / mother / guardian

Date signed grid

I, (full names and surname of father)

Identity No./Passport No. grid

and I, (full names and surname of mother)

Identity No./Passport No. grid

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

Identity No./Passport No. grid

born out of wedlock at (birthplace) on date grid

We now apply for the alteration of the above-mentioned child's surname in terms of section 25(2) of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992).

Signature of Father

Signature of Mother

NB: This affidavit must be completed and affirmed to simultaneously by both of the parents.

1. I certify that before administering the oath/affirmation I asked the deponents the following questions and wrote their answers in their presence (Mark with X)

- (a) Do you know and understand the contents of this declaration? Answer: Father Yes No Mother Yes No
(b) Do have any objection to taking the prescribed oath? Answer: Father Yes No Mother Yes No
(c) Do you consider the prescribed oath to be binding on your conscience? Answer: Father Yes No Mother Yes No

Signature of Parent A

Signature of Parent B

2. I certify that the deponents have acknowledged that they know and understand the contents of this declaration which was sworn to affirmed before me and the deponents' signatures/thumb prints/ marks were placed hereon in my presence.

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

Departmental date stamp

Commissioner of Oaths

Designation

Official's full name and surname grid

User ID grid

Business address grid



B000000001

B2. Application for authority to assume another surname (Section 26, Act 51 of 1992).

I,, hereby apply to assume the following surname

Reasons for my application (Please tick [✓] the CORRECT box) Change in marital status Assumption of biological father's surname
 Protection of Witness i.t.o Witness Protection Act, 1998 (Act No. 112 of 1998) [Attach relevant request letter]

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

PARTICULARS OF SPOUSE

Identity number _____ Date of birth Y Y Y Y M M M M M M M M M M D D
 Present surname _____
 Forenames (in full) _____
 Place of birth _____
 Residential address Street _____
 Town / Village _____ Code _____
 Telephone no., incl. area code _____ Cell phone no. _____
 E-mail address _____
 Postal address _____ Province _____



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

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

Signature of applicant _____ Date signed Y Y Y Y M M M M M M M M M M D D
 Signature of spouse (if applicable) _____ Date signed Y Y Y Y M M M M M M M M M M D D

PART C: AMENDMENT OF BIRTH REGISTRATION OF A CHILD BORN OUT OF WEDLOCK
 [Section 11(1) of the Births and Deaths Registration Act 51 of 1992]

NOTE: Only for use by the natural parents and if legally married to each other. NO PAYMENT OF FEE

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

Identity number _____ Date of Birth Y Y Y Y M M D D
 Registered Surname _____
 Forenames (in full) _____
 Place of Birth _____
 Postal address _____

We have been married to each other since Y Y Y Y M M M M M M M M M M D D and as evidence thereof, our marriage certificate is enclosed.
 We therefore apply for the amendment of the birth register of the above mentioned child in terms of section 11(1) of Act 51 of 1992.

DECLARATION

We declare under oath/solemnly that the particulars given above are to the best of our knowledge and belief true and correct. We understand that a false statement is punishable under section 31(1) of the Births and Deaths Registration Act 51 of 1992.

Signature of father _____ Signature of mother _____

COMMISSIONER OF OATHS

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

- a) Do you know and understand the contents of this declaration?
 Father _____ Mother _____
- b) Do you have any objection to taking the prescribed oath?
 Father _____ Mother _____
- c) Do you consider the prescribed oath to be binding on your conscience?
 Father _____ Mother _____

Thumbprint of Mother/Parent A _____
 Thumbprint of Father/Parent B _____



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

	Surname	
	Forenames	
	Business address	
	Commissioner of Oaths	Office Stamp
	Designation (Rank)	

PART D: CHANGE OF FORENAME

(Section 24 of Act 51 of 1992)

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

STATE THE REASONS FOR THE CHANGE OF FORENAME(S)

Date signed

--	--	--	--

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

--	--

Signature of Applicant

**PART E: INSERTION OF NATURAL FATHER'S PARTICULARS
IN THE BIRTH REGISTER OF A CHILD BORN OUT OF WEDLOCK**

[Section 11(4) and (5) of the Births and Deaths Registration Act 51 of 1992]

To be signed by the BIOLOGICAL PARENTS of the child born out of wedlock in BLACK INK with BLOCK LETTERS.

<p>DECLARATION BY NATURAL FATHER</p> <p>I, the undersigned, hereby declare that:</p> <ul style="list-style-type: none"> • I am the person whose particulars appear under C overleaf and that the particulars furnished are true and correct; • I am the natural father of the child referred to in A overleaf; and • I wish to be recorded as the natural father of the said child in his/her birth register. • I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act, 1992. <p>Signed at on this day of</p> <p>Signature</p>	Thumbprint of Natural Father
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

<p>DECLARATION BY NATURAL MOTHER</p> <p>I, the undersigned, hereby declare that:</p> <ul style="list-style-type: none"> • I am the person whose particulars appear under B overleaf and that the particulars furnished are true and correct; • I am the natural mother of the child referred to in A overleaf; and • I have no objection to the natural father referred to in C overleaf being recorded as the natural father in my child's birth register. • I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act, 1992. <p>Signed at on this day of</p> <p>Signature</p>	Thumbprint of Natural Mother
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------



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PART F: VERIFICATION, SUPPLEMENTATION OR RECTIFICATION OF PERSONAL PARTICULARS
 [Section 7(2) of the Births and Deaths Registration Act 51, 1992]

THIS APPLICATION IS FOR MYSELF OR FOR MY MINOR CHILD

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

- Surname Rectification
 Date of birth Rectification
 Rectification of sex description
 False registration (*particulars of incorrect parents recorded on the birth register*)
 Alteration of sex description (in terms of Act 49 of 2003) (Only write reasons for change below)
 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

Surname

Forenames (in full)

Place of birth

Residential address: Street

Town / Village Code

Telephone no., incl. area code Cell phone Province

E-mail address

The particulars are erroneously recorded as:

The correct particulars must be as follows:

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

DECLARATION

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

Signature of deponent _____ Date signed

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

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

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

Surname

Forenames in full

Business address: Street

Town / Village Code

Commissioner of Oaths

Designation/Rank

Date signed



B000000001

PART H

H1. PREVIOUS CORRECTIONS OR ALTERATIONS TO APPLICANT'S PARTICULARS			
Please indicate any previous corrections or alterations to the applicant's particulars (i.e. surname, forename, date of birth, gender) or any changes to such particulars of the applicant's parents			
Previous particulars	Particulars after correction or alteration	Date corrected or altered	Reason for correction or alteration

DECLARATION

We declare under oath/solemnly that the particulars given above are to the best of our knowledge and belief true and correct. We understand that a false statement is punishable under section 31(1) of the Births and Deaths Registration Act 51 of 1992.

_____ *Signature of father*

_____ *Signature of mother*

COMMISSIONER OF OATHS

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

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

Father _____

Mother _____

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

Father _____

Mother _____

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

Father _____

Mother _____

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

.....	Surname	<input type="text"/>
Signature of informant	Forenames	<input type="text"/>
.....	Business address	<input type="text"/>
Commissioner of Oaths		<input type="text"/>
.....		
Designation (Rank)		

Office Stamp

H2. FOR OFFICIAL USE ONLY - HEAD OFFICE

RECOMMENDATION Recommended Not Recommended: Reason _____

Surname

Forenames in full

User ID Date Y Y Y Y M M M M M M M M M M D D

Signature _____ Rank _____

DECISION Approved Refused: Reason _____

Surname

Forenames in full

User ID Date Y Y Y Y M M M M M M M M M M D D

Signature _____ Rank _____

G.P.-S. 09/18



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

DHA-24/PB

Annexure 1A
PROOF OF BIRTH



PB0000000001

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

Hospital/Medical Facility Name	
Facility Code	
Nominal Register Number	

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

A. PARTICULARS OF HEALTH PRACTITIONER WHO ATTENDED THE BIRTH

Surname		Health Facility Stamp																
Forenames in full																		
HPCSA/SANC Reg no.																		
Telephone no.	Cell phone no.																	
Signature																		
Date of birth	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> (write month in full)	Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D	
Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D			

B. PARTICULARS OF MOTHER / PARENT A

Identity No./Passport No.		Citizenship																	
Date of birth	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> (write month in full)	Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D		
Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D				
Surname																			
Previous/Maiden Surname																			
Forenames in full																			
Physical address: Street		Postal Code																	
Town / Village		Province																	
Telephone no.	Cell No.																		
E-mail address																			

C. PARTICULARS OF FATHER / PARENT B

Identity No./Passport No.		Citizenship																	
Date of birth	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> (write month in full)	Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D		
Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D				
Surname																			
Forenames in full																			
Physical address: Street		Postal Code																	
Town / Village		Province																	
Telephone no.	Cell No.																		
E-mail address																			

D. PARTICULARS OF CHILD

Date of birth	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> <td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td><td>M</td> <td>D</td><td>D</td> </tr> </table> (write month in full)	Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D	Sex:	
Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D				
Surname																			
Forenames in full																			
Place of birth																			
Provide time of birth for each child																			
Child 1 Time	Child 2 Time	Child 3 Time																	
Child 4 Time	Child 5 Time	Child 6 Time																	
Signature of Parent																			

* 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

LEFT RING

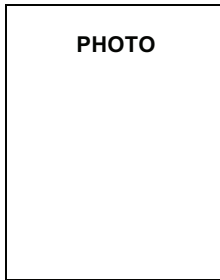
LEFT MIDDLE

LEFT INDEX

LEFT THUMB

Photo of the **CHILD** only

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



PHOTO

DHA-24/A

RIGHT SMALL

RIGHT RING

RIGHT MIDDLE

RIGHT INDEX

RIGHT THUMB

FINGERPRINTS FOR THE NOTICE OF BIRTH

DO NOT PHOTO COPY

PLEASE NOTE: Fingerprints may only be taken by an official of the Department of Home Affairs. Should a finger be missing, deformed or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression.

FINGERPRINTS OF:
Please tick appropriate box

CHILD/ ADULT	<input type="checkbox"/>
INFORMANT	<input type="checkbox"/>

PERSONAL PARTICULARS

CHILD
Surname: _____
Forenames: _____
Date of Birth (YYYY/MM/DD)

INFORMANT
Surname: _____
Forenames: _____
Identity No./ Passport No.

FINGERPRINTS TAKEN BY: PLEASE PRINT FULL NAME

PERSAL NUMBER

Verification results (HANIS): _____

RETURN THE FORM TO:

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

REGISTERING FINGERS
NO. 1 - NO 2

Departmental office stamp – Office of origin

LEFT THUMB

RIGHT THUMB



L000000001

A4. DECLARATION/ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK

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

Mother's consent to the acknowledgement of paternity

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

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

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

A5. DETAILS OF THE APPLICANT

ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No. if foreigner

Date of birth

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Surname

Previous/Maiden surname

Forenames in full

Place of birth: Country of birth

Residential address Street

Town/Village Province

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

Citizenship Permit no.

E-mail address

Relationship to the child Mother (Parent A) Father (Parent B) Next of kin, please specify

Legal guardian (attach proof) Social worker, provide case no. (Attach copy of Court order)



A6. DECLARATION BY APPLICANT

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

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

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

Applicant

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Place

Relationship to the child Mother (Parent A) Father (Parent B) Next of kin Legal guardian Social worker

Child (15 years or older)

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Place

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

ID No./ Passport No./ PR/ Refugee/ Asylum Seeker No. if foreigner

Date of birth

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Surname

Previous/Maiden surname

Forenames in full

Physical address Street Postal code

Town/Village Province

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

E-mail address

Relationship to Mother / Parent A



DECLARATION BY PERSON WHO WITNESSED THE BIRTH

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

WITNESS

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

Date

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

M	M	M	M	M	M	M	M	M	M
---	---	---	---	---	---	---	---	---	---

D	D
---	---

Place



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A8

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

LEFT

RIGHT

--	--



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A9.

7 years and above

LEFT SMALL

Photo of the **CHILD** only

No photo required for informant
 No photo is required where the child is younger than 7 years

PHOTO

DHA-24/A

RIGHT SMALL

LEFT RING

FINGERPRINTS FOR THE NOTICE OF BIRTH

DO NOT PHOTOCOPY

PLEASE NOTE: Fingerprints may only be taken by an official of the Department of Home Affairs. Should a finger be missing, deformed or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression

RIGHT RING

LEFT MIDDLE

FINGERPRINTS OF: Please tick appropriate box	CHILD/ADULT	
PERSONAL PARTICULARS	INFORMANT	
CHILD		
Surname _____		
Forenames _____		
Date of Birth (YY/MM/DD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
INFORMANT		
Surname _____		
Forenames _____		
Identity No./ Passport No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
FINGERPRINTS TAKEN BY: PLEASE PRINT FULL NAME		

PERSAL NUMBER		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Verification results (HANIS): _____		

RIGHT MIDDLE

LEFT INDEX

RIGHT INDEX

LEFT THUMB

RETURN THE FORM TO: _____
 Name of Regional Office (or head office: population register, if foreign birth)

REGISTERING FINGERS			
NO.1	-	NO.2	
<input type="text"/>		<input type="text"/>	

RIGHT THUMB

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



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A10. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED AND VERIFIED BY:

Initials and surname

Signature

Date

Identity number

User ID

Stat				Birth			
I	O	S	M				

Office stamp - Office of Origin

DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK

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

Online verification performed and printouts attached for following persons:

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

Please enter the barcode numbers of the fingerprint verification forms:

(DHA-24/A) of the Applicant:

A11. VERIFIED BY SUPERVISOR - OFFICE OF ORIGIN:

Initials and surname

Persal Number

Application is complete and all required documents are attached

Fingerprints are taken correctly

Person whose birth is sought to be registered

Signature

Date

A12. FOR OFFICIAL USE ONLY RESERVED FOR THE SECTION THAT ALLOCATES THE ID NUMBER

Capturing date

Initials and surname

Persal Number

Signature

Office stamp FOR OFFICE WHERE ID NUMBER WAS CAPTURED

PART B

B. DETAILS OF LIFE EVENTS OF THE CHILD

B1. INSTITUTION OF BIRTH - COMPULSORY

Place of birth Public hospital Private hospital Doctor's office At home Clinic Other

Name of place of birth

Full address Street

Town/Village Province

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

E-mail address

Contact person's name and surname

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

Institution name

Contact address Street

Town/Village Province

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

E-mail address

Contact person's name and surname

Date of ceremony (YYYYMMDD) Y Y Y Y M M M M M M M M M M D D Type of ceremony



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B7. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER

Employer

Physical address Street

Town/Village Province

Postal address

Province Postal code

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

Contact person's name

Period of employment (YYYYMMDD) From To

Nature of work performed

B8. REFERENCE PERSON TO THE CHILD - COMPULSORY

The reference to the birth is 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 Street

Town/Village Province

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

E-mail address

Postal address

Province Postal code

Relationship to the child: Mother/Parent A Father/Parent B Next of kin Legal guardian Social worker

Are you listed on the sexual offenders register Yes No If yes, specify _____



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C2. DETAILS OF THE CHILD

Surname as at birth

Forenames in full

Date of birth (YYYYMMDD) Sex

Place of birth

Contact number

C3. COMPULSORY FOR THE NOTICE GIVEN AFTER 30 DAYS

I, parent/legal guardian/next of kin of declare that I wish to register the birth of the above mentioned child after 30 days because of the following reason(s):

.....

.....

.....

.....

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

C4. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted

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

Signature of deponent _____ Date

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

(1) Do you know and understand the contents of this declaration? Answer: _____

(2) Do you have any objection to taking the prescribed oath? Answer: _____

(3) Do you consider the prescribed oath as binding on your conscience? Answer: _____

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

Signature of the Commissioner of Oaths _____

Surname

Forenames

Designation (rank)

Persal number

Business Address

Area code

Place

Date





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C5. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

Notice of birth and affidavit received by:

Surname

Forenames

Persal number

Signature _____

Date

Departmental Stamp

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

FOR OFFICE USE ONLY

DHA-25

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

OFFICE DATE STAMP

Allocated Identity Number

Identity Number Applicant



L000000001

User ID

Signature _____

G.P.-S 09/18

DHA-19



**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



CB00000001

ISSUED WITHOUT ERRORS OR ALTERATIONS

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

A. PARTICULARS OF CHILD

Surname: [Grid]
Forenames in full: [Grid]
Date of birth: [Y][Y][Y][Y] [M][M][M][M][M][M][M][M][M][M] [D][D] (write month in full) Sex: [] [] [] []
Place of birth: City/Town [Grid] Country of Birth [Grid]

B. PARTICULARS OF MOTHER / PARENT A

Passport No / ID No. [Grid]
Date of birth: [Y][Y][Y][Y] [M][M][M][M][M][M][M][M][M][M] [D][D] (write month in full)
PR Permit No. [Grid] Refugee/Asylum Seeker Permit [Grid]
Surname [Grid]
Maiden/Previous surname [Grid]
Forenames in full [Grid]
Place of birth: City/Town [Grid] Country of birth [Grid]
Nationality [Grid]

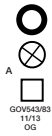
C. PARTICULARS OF FATHER / PARENT B

Passport No / ID No. [Grid] Date of birth [Y][Y][Y][Y] [M][M] [D][D]
Date of birth: [Y][Y][Y][Y] [M][M][M][M][M][M][M][M][M][M] [D][D] (write month in full)
PR Permit No. [Grid] Refugee/Asylum Seeker Permit [Grid]
Surname [Grid]
Forenames in full [Grid]
Place of birth: City/Town [Grid] Country of birth [Grid]
Nationality [Grid]

D. ENDORSEMENTS

Director-General

Office Stamp



G.P.-S. 09/09

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Page 1 of 3



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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

A. PARTICULARS OF THE DECEASED

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

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

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

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

2.2 Stillborn child

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

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

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

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

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

3. Date of Death / stillbirth: Y Y Y Y M M D D

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

4.2 Province of Death/stillbirth: _____

5. Place of Registration of Death / stillbirth: _____

6. If death occurred within 24 hours after birth, number of hours alive: _____ 7. Home telephone no. _____

8. Identity No. (Passport No. if foreigner): _____ 9. Age at last birthday if DOB is unknown: _____

10. Date of Birth if there is no ID number: Y Y Y Y M M D D 11. Gender: 11.1 Male 11.2 Female 11.3 Indeterminable

12. Surname: _____

13. Previous / Maiden Surname: _____

14. Forenames: _____

15. Usual* Residential Address: Street: _____
Town: _____
Province: _____ Postal code: _____

16. Citizenship: _____

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

16.2 Province of Birth: _____

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

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

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un- Known
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(mark with a)

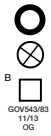
19. Usual occupation of deceased (type of work done during most of working life): _____

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

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extritorial organisations, representatives of foreign governments & other activities not adequately defined
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21. Was the deceased a regular** smoker five years ago? (mark with a) 21.1 Yes 21.2 No 21.3 Do not know 21.4 Not applicable (minor)

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



G.P.-S. 09/09

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REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

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B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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

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

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

24. Surname

25. Forenames

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

28. Business Address: Street

Town Province

Telephone No. (Office) Postal Code

Office stamp of health facility or practice

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

Place signed _____
Date signed Signature _____

C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

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

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

- 30.1 Natural 30.2 Unnatural 30.3 Under investigation

31. Date of Post-mortem

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

34. Mortuary Reference Number of Deceased

35. SAPS Case No. 36. Name of Police Station

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form: 36.1 HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address: Street

Town Province Postal Code

Telephone No. (Office)

Office stamp of mortuary

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

Place signed _____
Date signed Signature _____

D. PARTICULARS OF INFORMANT

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

40. Identity No. (Passport No. if foreigner) 41. Date of Birth

42. Citizenship

43. Surname

44. Forenames

45. Residential Address: Street

Town Province Postal Code

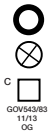
Telephone No. (Home) Cellphone No.

Left thumb print of informant

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

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

Signature _____ Date signed



G.P.-S. 09/09

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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]

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E. PARTICULARS OF FUNERAL UNDERTAKER

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

47. Name of Funeral Parlour

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

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

Details of Funeral Undertaker or Authorised Representative

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

52. Surname

53. Forenames

54. Business Address
Street
Town
Province Postal Code

Telephone No. (Office) Cellphone No.

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

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

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

Place signed _____
Date signed Y Y Y Y M M D D Signature _____



Left thumbprint of funeral undertaker

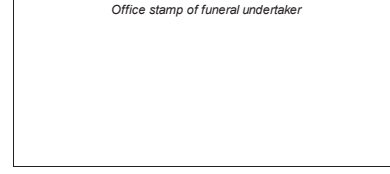
Name of person who collected the deceased:

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

61. Surname

62. Forenames

Place signed _____
Date signed Y Y Y Y M M D D Signature _____



F. FOR OFFICIAL USE ONLY

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

63. Identity No.

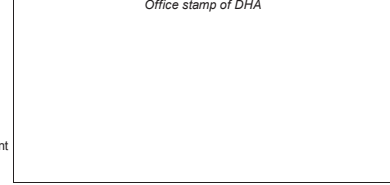
64. Surname

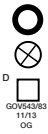
65. Forenames

66. Persal No.

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

DHA-1663 was submitted by: Informant Funeral Undertaker





NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

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

This page must be sealed after completion to ensure confidentiality

FOLD TO THIS POINT

ID No. (Passport No. if foreigner) File no. Date **DHA-1663 B Page 1 of 1**

FOLD TO THIS POINT

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

PARTICULARS OF DECEASED

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

68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable

69. Surname

70. Forenames

71. Population Group 71.1 African 71.2 White 71.3 Indian/Asian 71.4 Coloured 71.5 Other (specify) _____

72. Place of Death 72.1 Hospital/Inpatient 72.2 ER/Outpatient 72.3 DOA 72.4 Nursing Home 72.5 At home 72.6 Other (specify) _____

73. Name of Health Facility/Practice

74. Facility Contact Telephone No. incl. Area Code

75. Patient File No.

76. Contact Person at Facility: Surname
Forenames
Role/Rank

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

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

77. CAUSES OF DEATH

Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line

Approximate interval between onset and death (Days / Months / Years)

ICD-10

IMMEDIATE CAUSE (final disease or condition resulting in death) a) _____ Due to (or as a consequence of) _____

Sequentially list conditions, if any, leading to immediate cause. b) _____ Due to (or as a consequence of) _____

Enter **UNDERLYING CAUSE** last (Disease or injury that initiated events resulting in death) c) _____ Due to (or as a consequence of) _____

Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 d) _____

78. If a female, was she pregnant at the time of death or up to 42 days prior to death? () 82.1 Yes 82.2 No

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

79.1 Autopsy 79.2 Post mortem examination 79.3 Opinion of attending medical practitioner 79.4 Opinion of attending medical practitioner on duty

79.5 Opinion of registered professional nurse 79.6 Interview of family member 79.7 Other (specify) _____

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

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

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

95. CAUSES OF DEATH

a. Main disease or conditions in foetus or infant _____

b. Other diseases or conditions in foetus or infant _____

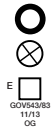
c. Main maternal disease or condition affecting foetus or infant _____

d. Other maternal diseases or conditions affecting foetus or infant _____

e. Other relevant circumstances _____

96. Autopsy information ()

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



REPUBLIC OF SOUTH AFRICA
DEPT OF HOME AFFAIRS

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


CONFIDENTIAL


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

TO OPEN, FOLD ALONG PERFORATION
AND TEAR

TO OPEN, FOLD ALONG PERFORATION
AND TEAR

↑ TO OPEN, FOLD ALONG PERFORATION AND TEAR ↑

 <p style="margin: 0;">REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS</p> <p style="margin: 0;">Annexure 8 PROOF OF NOTICE OF DEATH [Births and Deaths Registration Act 51 of 1992]</p>	<p style="margin: 0;">DHA-1577</p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="text-align: center;">Serial Number</td> </tr> </table>	Serial Number																																																																																																																																																																																												
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PARTICULARS OF DECEASED</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Identity number</td> <td style="width: 45%; border-bottom: 1px solid black;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; border-bottom: 1px solid black;"><table style="border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td><td style="width: 25%; border-bottom: 1px solid black;"><table style="border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td><td style="width: 25%; border-bottom: 1px solid black;"><table style="border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; 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FOR OFFICIAL USE ONLY</p> <p><small>It is hereby certified that the death of the person whose particulars appear in Part A has been reported.</small></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Surname</td> <td style="width: 45%; border-bottom: 1px solid black;"><table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; border-bottom: 1px solid black;"><table style="border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td><td style="width: 25%; border-bottom: 1px solid black;"><table style="border: 1px solid black;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></td><td style="width: 25%; 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<p>NB. This document is a not a death certificate. At the registration of the death, a death certificate will be issued to the informant.</p>																																																																																																																																																																																														

 <p style="margin: 0;">REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS</p> <p style="margin: 0;">Annexure 9 BURIAL ORDER [Births and Deaths Registration Act 51 of 1992]</p>	<p style="margin: 0;">DHA-14A</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin: 0;"></div> <p style="margin: 0; text-align: right;">Barcode</p>		
The form to be completed in BLACK INK with BLOCK LETTERS . Please mark with <input checked="" type="checkbox"/> the CORRECT box, where required by the Home Affairs Official			
Date of Issue	Y Y Y Y M M D D	Serial number of DHA-1663	Bar-code number of DHA-1663
A. PARTICULARS OF DECEASED			
Identity number		Date of birth	Y Y Y Y M M D D
Passport number (if foreigner)		Date of death	Y Y Y Y M M D D
Citizenship		Sex	
Surname			
Previous or Maiden surname			
Forenames			
Place of death: City/Town		Province	
Place of burial : City/Town		Province	
Cause of death	Natural <input type="checkbox"/> Unnatural <input type="checkbox"/> Under investigation <input type="checkbox"/>		
B. AUTHORITY FOR BURIAL OF CORPSE			
This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.			
C. FOR OFFICIAL USE ONLY			
Registration of death approved and burial order issued. DHA-1663 received by (particulars of DHA official):			
Surname			
Forenames			
Persal No.			
Documents included with this notice:	<input type="checkbox"/> Copy of the deceased's ID/ passport <input type="checkbox"/> Copy of ID document/ passport of the informant		
DHA-1663 was submitted by:	<input type="checkbox"/> Informant <input type="checkbox"/> Funeral Undertaker		
Identity Number of Receipt:	Identity number		
If Funeral Undertaker:	Designation number		
Signature of recipient			Date received Y Y Y Y M M D D

No.0094295

G.P.-S. 83/BI-18

(83/BI-18)



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

UNABRIDGED DEATH CERTIFICATE
(Issued in terms of Act 51 of 1992)

Certified a true extract from the death register of:

1. Identity Number
2. Surname
3. Forenames in full
4. Date of birth: Year Month Day 5. Gender
6. Occupation..... 7. Marital status
8. Country of birth
9. Nature of pension
10. Residential address

PARTICULARS OF DEATH

11. Date of death: Year Month Day
12. Place of death.....
13. Cause of death
14. Duration of disease or last illness.....
15. Name of medical practitioner.....
16. Intended place of burial

INFORMANT

17. Capacity
18. Signed by.....

(Official date stamp)

.....
Director-General: Home Affairs



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
Annexure 12
REMOVAL ORDER
[Births and Deaths Registration Act 51 of 1992]

DHA-14B

Barcode

The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the CORRECT box, where required.

Date of Issue

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

M	M
---	---

D	D
---	---

Serial number of DHA-1663

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

 Bar-code number of DHA-1663

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

A. PARTICULARS OF DECEASED

Identity number

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

 Date of birth

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

M	M
---	---

D	D
---	---

Passport number (if foreigner)

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

 Date of death

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

M	M
---	---

D	D
---	---

Citizenship

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

 Sex

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

Surname

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

Previous or Maiden surname

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

Forenames

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

B. AUTHORITY FOR REMOVAL OF CORPSE

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

Order issued by: (tick applicable)

SAPS Force No.

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

Forensic Pathologist HPCSA No.

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

Surname

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

Forenames

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

Telephone No.

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

Date Signed

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

M	M
---	---

D	D
---	---

 Signature _____

Office Stamp

C. RECIPIENT OF AUTHORITY OF REMOVAL (if Funeral Undertaker please provide details of the business)

Identity number (passport if foreigner)

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

Surname

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

Maiden name

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

Forename

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

Name of Funeral Palour

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

DHA Designation number

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

Business address: s Street

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

Town

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

 Telephone number

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

Province

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

 Postal code

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

Telephone no., incl. area code

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

 Cell phone no.

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

E-mail address

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

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

Signature of recipient _____ Date received

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

M	M
---	---

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



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

DHA -1774

Annexure 21

APPLICATION FOR DESIGNATION AS FUNERAL UNDERTAKER
[Births and Deaths Registration Act 51 of 1992]
[Section 22A(1)]

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

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

Identity number Date of birth

Surname

Previous / Maiden Surname

Forenames in full

Address Street

Town / Village

Province Code

Telephone number Cell phone number

E-mail address Fax

Left thumbprint of applicant

B. PARTICULARS OF BUSINESS

Name of business / funeral parlour

Business Reg. No (CIPC)

SARS Reg. No

Address Street

Town / Village

Province Code

Telephone number

Cell phone number Fax

E-mail address

C. DECLARATION BY BUSINESS OWNER

I, _____ hereby declare that the information provided in this form is true and correct. I understand that giving false information is an offence which is punishable in terms of section 31 of the Act.

Signature _____ Date signed

D. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED BY:

Surname

Forenames in full

Persal number

Date

Signature _____

Office stamp

DOCUMENTS SUBMITTED:

- Copy of business owner's Identity document
- Certificate of competency from municipality
- Copy of SARS registration
- Copy of CIPC certificate
- Copy of registration with Federation / Association of Funeral Undertakers

E. Online verification performed on Business Owner and printout attached Business owner

Surname

Forenames in full

Persal number

Signature _____ Date

F. APPLICATION VERIFIED:

STATUS Approved Rejected

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

Allocated Designation Number:

Surname

Forenames in full

Persal number

Signature _____ Date

Official Stamp

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 <input type="checkbox"/>	Certified copy of Birth Register (vault copy) <input type="checkbox"/>	Certified copy of Death Register (vault copy) <input type="checkbox"/>
Death Certificate <input type="checkbox"/>	Confirmation of Birth <input type="checkbox"/>	Handwritten death certificate <input type="checkbox"/>
Certified copy of marriage register <input type="checkbox"/>	Marriage certificate <input type="checkbox"/>	Specify type of marriage _____

Please provide reasons for applying for this certificate:

A. PARTICULARS OF PERSON WHOSE CERTIFICATE IS REQUIRED

Identity number/Passport No.	<input type="text"/>	Birth entry number	<input type="text"/>
PR Permit No.	<input type="text"/>	Refugee/Asylum Seeker Permit	<input type="text"/>
Date of Birth	<input type="text"/> Y Y Y Y <input type="text"/> M M M M M M M M M M <input type="text"/> D D	Citizenship	<input type="text"/>
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Place of birth: City/Town	<input type="text"/>		
District/Province of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Identity No/Passport No. of Spouse	<input type="text"/>	Death entry number	<input type="text"/>
Date of Marriage/Death	<input type="text"/> Y Y Y Y <input type="text"/> M M M M M M M M M M <input type="text"/> D D	Citizenship	<input type="text"/>
Place of Marriage/Death	<input type="text"/>		
Birth, Death, Marriage Entry No.	<input type="text"/>		
Place of Burial: City/Town	<input type="text"/>		
District/Province of Death	<input type="text"/>	Country of Death	<input type="text"/>

B. PARTICULARS OF APPLICANT

Identity number/Passport No.	<input type="text"/>	Citizenship	<input type="text"/>
PR Permit No.	<input type="text"/>	Refugee/Asylum Seeker Permit	<input type="text"/>
Surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Residential address: Street	<input type="text"/>		
Town/Village	<input type="text"/>		
District/Province	<input type="text"/>	Postal code	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
Province	<input type="text"/>	Postal code	<input type="text"/>
Relationship to the person concerned:	<input type="checkbox"/> Mother/Parent A <input type="checkbox"/> Father/Parent B <input type="checkbox"/> Legal guardian (Attach proof of guardianship) <input type="checkbox"/> Husband/Wife		
	<input type="checkbox"/> Social Worker or Authorised Officer, provide case number: <input type="text"/>		
	<input type="checkbox"/> Legal representative (Attach Power of Attorney) Next of kin: Specify <input type="text"/>		

I (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief true and correct and that in case it is not true I shall be guilty of an offence and on conviction liable to a fine or imprisonment or both such fine and such imprisonment.

Signature of Applicant: _____ Date: Y Y Y Y M M M M M M M M M M D D

