

#### **IMPORTANT NOTICE**

The Government Printing Works will not be held responsible for faxed documents not received due to errors on the fax machine or faxes received which are unclear or incomplete. Please be advised that an "OK" slip, received from a fax machine, will not be accepted as proof that documents were received by the GPW for printing. If documents are faxed to the GPW it will be the sender's responsibility to phone and confirm that the documents were received in good order.

Furthermore the Government Printing Works will also not be held responsible for cancellations and amendments which have not been done on original documents received from clients.

	CONTENTS						INHOUD	
No.		Page No.	G	Gazette No.		No.	Bladsy Koerant No. No.	
	PROCLAMATION						PROKLAMASIE	
R. 11	Births and Deaths Registration A (18/2010): Commencement of the Birth and Deaths Registration Amendment A	IS	3	37373		R. 11	Wysigingswet op die Registrasie van Geboortes en Sterftes (18/2010): Inwerkingstreiding van die Wysigingswet op die Registrasie van Geboortes en Sterftes	
		C	10		rs • I	NHC	DUD	
No.							Page Gazette No. No.	
		G	ov	ERNMEN		ICE		
Home A	ffairs, Department of							
Governn	nent Notice							
R.128	Births and Deaths Registration Act, 199	92: Reg	ula	tions on t	he Reg	istratio	n of Births and Deaths, 2014 5 37373	

# PROCLAMATION

#### by the

# President of the Republic of South Africa

#### No. R. 11, 2014

G.P.-S. 03/02

Z 19E (81/172488)

#### COMMENCEMENT OF THE BIRTHS AND DEATHS REGISTRATION AMENDMENT ACT, 2010 (ACT NO. 18 OF 2010)

In terms of section 21 of the Births and Deaths Registration Amendment Act, 2010 (Act No. 18 of 2010), I hereby determine 1 March 2014 as the date on which the Amendment Act shall come into operation.

Given under my Hand and the Seal of the Republic of South Africa at Cape Town on this 20 day of february Two Thousand and Fourteen.

By Order of the President-In-Cabinet

Minister of the Cabinet

# PROKLAMASIE

#### van die

#### President van die Republiek van Suid-Afrika

No. R. 11, 2014

G P.-S. 33/02

Z 19E (81/172488)

#### INWERKINGSTREDING VAN DIE WYSIGINGSWET OP DIE REGISTRASIE VAN GEBOORTES EN STERFTES, 2010 (WET NO. 18 VAN 2010)

Kragtens artikel 21 van die Wysigingswet op die Registrasie van Geboortes en Sterftes, 2010 (Wet No. 18 van 2010), bepaal ek hiermee 1 Maart 2014 as die datum waarop die Wysigingswet in werking sal tree.

Op las van die President-in-Kabinet

G.N.M. Pandor

Minister van die Kabinet

# **GOVERNMENT NOTICE**

## DEPARTMENT OF HOME AFFAIRS

No. R. 128

26 February 2014

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

#### **REGULATIONS ON THE REGISTRATION OF BIRTHS AND DEATHS, 2014**

The Minister of Home Affairs has, in terms of section 32 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992), made 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);

"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 1A and be accompanied by—

- (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1D 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 Form DHA–24/PBA illustrated in Annexure 1E;
- (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 Form DHA–24 illustrated in Annexure 1A;
- (*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 1C;
- (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;
- *(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*) where applicable, Form DHA–288/B illustrated in Annexure 2C.

(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 1A 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 1B and be accompanied by—

- (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1D 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 Form of DHA– 24/PBA illustrated in Annexure 1E;
- (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 Form DHA–24 illustrated in Annexure 1A;
- (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 1C;
- *(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;
- (j) Form DHA–288/A illustrated in Annexure 2A;
- (k) where applicable, Form DHA–288/B illustrated in Annexure 2C; and
- (*I*) 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 1A 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 1B and be accompanied by—

- (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1D 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 Form DHA–24 illustrated in Annexure 1A;
- (d) fingerprints of the parents and 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, or the child or the person's fingerprints cannot be verified online, the full set of fingerprints of the parents, the child or the person shall be taken on Form DHA-24/A illustrated in Annexure 1C;
- (e) two recent identity size photographs of a child or person who is 7 years or older, affixed to the appropriate space on Form DHA–24/A illustrated in Annexure 1C;
- (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;
- (j) Form DHA–288/A illustrated in Annexure 2A;
- (k) Form DHA–288 illustrated in Annexure 2B;
- (I) where applicable, Form DHA-288/B illustrated in Annexure 2C; and
- (*m*) 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 1A 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 4; or
- (b) an acknowledgement of receipt on Form DHA–25 illustrated in Annexure 3, 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 birth certificate with an identity number for holders of a valid—

 (a) permanent residence permit issued in terms of the Immigration Act, on a Form DHA– 19 illustrated in Annexure 24, as contemplated in terms of section 7(2)(b) of the Identification Act; or (b) refugee permit issued in terms of section 24 of the Refugees Act, on Form DHA–19 illustrated in Annexure 24, as contemplated in terms of section 7(2)(b) of the Identification Act.

## 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 1A and be accompanied by—

- (a) proof of birth on Form DHA–24/PB illustrated in Annexure 1D 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 Form DHA–24/PBA illustrated in Annexure 1F;
- (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;
- (h) where applicable, Form DHA–288/B illustrated in Annexure 2C; and
- (*i*) 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 1A 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 birth certificate without an identity number on Form DHA–19 illustrated in Annexure 24, 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 1A 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 Form DHA–1773 illustrated in Annexure 13.

(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 1A and be accompanied by—

(a) Form DHA-529 illustrated in Annexure 5; and

This gazette is also available free online at www.gpwonline.co.za

(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.

STAATSKOERANT, 26 FEBRUARIE 2014

(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 1A or Form DHA–24/LRB illustrated in Annexure 1A, 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 D of Form DHA-24 illustrated in Annexure 1A or on Part D of Form DHA-24/LRB illustrated in Annexure 1B, as the case may be, 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) submit an affidavit on Form DHA-288/C illustrated in Annexure 2D 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 and visa or permit, permanent residents 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 Form DHA–59 illustrated in Annexure 7.

(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 Form DHA–1682 illustrated in Annexure 6.

(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 4; or
- (b) an acknowledgement of receipt on Form DHA–25 illustrated in Annexure 3, 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 Form DHA–1682 illustrated in Annexure 6, 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 Form DHA–85 illustrated in Annexure 8.

(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 Form DHA–193 illustrated in Annexure 9.

No. 37373 15

(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 Form DHA–462 or DHA–196 illustrated in Annexure 10 and Annexure 11, as the case may be.

(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 Form DHA–526 illustrated in Annexure 12.

#### 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 14 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 15 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 15 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 1C;
- (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–5 illustrated in Annexure 4 or, if the death certificate cannot be issued immediately, proof of notice of death on Form DHA–1577 illustrated in Annexure 17; and

(f) issue to the informant a burial order on Form DHA–14A illustrated in Annexure 16.

## 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 14 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 15 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 15 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 1C;
- (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 25; and
- (e) issue to the informant a burial order on Form DHA–14A illustrated in Annexure 16.

#### 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 14.

(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 14, excluding Part G, and preserve a copy of the Annexure 14 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 14.

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

# **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 14 and issue proof of notice of death to the informant on Form DHA–1577 illustrated in Annexure 17.

(4) The head of a mission must, as soon as possible, forward to the Director-General each completed DHA–1663 illustrated in Annexure 14, 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 19.

#### **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–5 or DHA–20 illustrated in Annexure 4 and Annexure 20, 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 21 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 or DHA–154 illustrated in Annexures 21 and 22, 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 Form DHA-526 illustrated in Annexure 12.

(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, 1992, published by Government Notice No. R.2139 of 9 September 1992, are hereby repealed.

(2) Anything done under a provision of the Regulations repealed by subregulation (1) 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, 2014 and shall come into operation on 1 March 2014.

STAA	TSKO	ERANT,	26 I	FEBRI	JARIE	2014
017.0		,			<i>,</i>	

No. 37373 **21** 

<form>  Note: Description:   Description: Description:   Descrip</form>	24 x 12 x 14																													DHA	-24
	Department: Home Affairs				[			,	Alloca	ated I	denti	ty Nu	Imber	r:		Ι		]								Ва	r Co	ode			
	REPUBLIC OF SOUTH 2	AFRICA			AI	PLI	САТ	ПО		=OF	R A	BI	RT		CEF	RTI	FIC	сат	Е				[								]
Between lock will be and advected of interest billing on the Such Advected advected advected billing bi						[Birth	ns ar	nd D	•					•	ct 5	1 of	f 199	92]													
A DETAILS OF THE CHILD						of Hon	ne Aff	fairs'	' offic	ce oi	r to a	I SOI	uth A	Africa	an er	mba	ssy c	or co										LAC	K IN	<b>K</b> wit	h
Surana	Date of application	Y D	2	×.	] [	af 12	]	2	5	]																					
Freestree in till		r		T	<del>т т</del>		T				1					T	T					-				r					
Deter of bins       Ser.         NOTE: If beins or mone, provide time of bith for sub, blid, Complete separate DMA: As and submit all forms togethe:         Child 1:       Time         Child 2:       Time         Child 3:       Time         Child 2:       Time         Child 3:       Time         Child 3:       Time         Child 2:       Time         Child 3:       Time         Child 4:       Time         Child 4:       Time         Child 5:       Time         Child 4:       Time         Child 5:       Time         Child 4:       Time	Surname		1	<u> </u>			<u> </u>	L	L	L			I			<u> </u>	<u> </u>			l		<u> </u>					L				
NOTE: If wins or nores, provide time of birth for each dild, complete separate DMA-24 and submit all forms together.         Olid 1:       Time       Olid 2:       Time       Olid 3:	Forenames in full						<u> </u>	<u> </u>		<u> </u>																					
Dill :       Time       Dill 2:       Dill 2: </td <td>Date of birth</td> <td>Y 3</td> <td>·</td> <td>×</td> <td></td> <td>36 S'</td> <td></td> <td>0</td> <td>0</td> <td></td> <td>Sex:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Date of birth	Y 3	·	×		36 S'		0	0															Sex:							
Circle 2:       Tree	NOTE: If twins or more, provide time	of birth	for eac	ch ch	ild. Fo	r each c	hild, o	comp	olete	sepa	rate	DHA	-24 a	ind s	ubmi	it all	form	s toge	ether	:							·			T-	
Place of birth: Clip/Town	Child 1: Time			]			Child	13:			Time		L		L	<u> </u>	<u> </u>	]			Child	15:			Time						
Country dirth       If Yes, nature of marriage       Ovil       Outcomery       Ovil Union       Religious: Specify         Date of marriage       If Yes, nature of marriage       Ovil       If Yes, and/ose a certified copy of the marriage certificat         NOTE: The pairs, foot of finegrinet       Othe hold must be taken and attended at the back of this form by an official of the Department.         B. DETALS OF MOTHER PARENTA (in the case of OvIl Union this section must be completed by the ratural mother)       Date of birth       Image: Ima	Child 2: Time						Child	4:			Time										Child	16:			Time						
Are the anomato of the child married to construct of the child married to the marriage       Chill       Customary       Chill Union       Religious: Specify         Date of marriage       If Yes, nature of marriage       Chill       If Yes, anotase a certificat Copy of the marriage certificat         NOTE: The pairs, foot of fingerprints of the child must be taken and attracted at the back of this forms y an official of the Department.       Image: Im	Place of birth: City/Town																] P	rovino	ce												
each orber?       In the , half or thrange       Cull       Cull on thrange       Cull o	Country of birth																														
AVE:: The plane, foot or fine-private the back and willing at the back of this form by an official of the Department.         B. DETAILS OF MODIFIER (PARENT A) on the case of Cwil Union this section must be completed by the natural mother'				] If	Yes, na	ature of	marria	ge		Civi	I		Cus	toma	ary		Civi	il Unic	n		Rel	igious	: Sp	ecify							
B. DETAILS OF MOTHER (PARENT 4) in the case of Civil Union this section must be completed by the natural mother!         Identify number         (passport no. if foreigner)         Present sumane         Identify number         (passport no. if foreigner)         Present sumane         Identify number         (passport no. if foreigner)         Present sumane         Identify number         (passport no. if foreigner)         Place of birth:         City/Town         Cellephone no.         Identify number	Date of marriage	- 31 - A	Y	÷		94 - 34		0	ê		f Yes	, enc	lose a	a cert	tified	сору	∕ of th	e mai	rriage	cert	ificat	e									
identity under (assport no. iff foreigner)	NOTE: The palm, foot or fingerprints	of the cl	nild mu	ust be	e taker	and af	fixed	at the	e bac	k of	this f	orm	by a	n offi	icial (	of the	e Dep	bartm	ent.												
(passport no. In breigher)		(In the c	ase of	Civil	Union t	his sect	ion m	ust b	e con	nplet	ed by ]	the i	natur	al mo	other) ]			Data	of bi	dh			<u>.</u>	~		I			[	-	
Forenames in full				<u> </u> 											]		1	Date									L				
Forenames in full	Maiden surname		T	T			T										1														
Place of birth: City/Town	Forenames in full		T	1												1	T														
Residential address       Street															L	y of b	J														
Town/Village	·		T	<u> </u>			T										1														$\exists$
Telephone no., incl. area code     Image: Constraint of the service of th				1											I I	1	1 T														
E-mail address			<u> </u>												I		I	] Pr	ovino	ce											
Citizenship	Telephone no., incl. area code									Ce	ell ph	one r	10.		I		<u> </u>								Pos	stal c	ode				
C. DETAILS OF FATHER (PARENT B)   Identify number   (passport no. if foreigner)   Present sumame   Maiden surname   Maiden surname   Forenames in full   Place of birth: City/Town   Residential address   Street   Town/Village   Itelephone no., incl. area code   Cell phone no. (Cell phone no.	E-mail address																														
Identity number (passport no. if foreigner)       Date of birth	Citizenship															Pern	naner	nt/Terr	npora	iry pe	ermit	no.									
Image: Indexperior in the equal in the equation in the equa in the equa in the equa in the equa in				1											1			Data	of his	#h							1.3		ſ	~	_
Maiden surname			 T	1 1		 									]	1	1			u											
Forenames in full																L															
Place of birth: City/Town Residential address Street Town/Vilage Cell phone no., incl. area code Cell phone no.	Maiden surname		<u> </u>																												
Residential address     Street     Image: Control of the street o	Forenames in full			L																											
Town/Village	Place of birth: City/Town													Co	ountry	/ of b	birth														
Telephone no., incl. area code     Cell phone no.     Postal code       E-mail address     Cell phone no.     Cell phone no.	Residential address Street																														
E-mail address	Town/Village																	Pr	ovina	e											
	Telephone no., incl. area code									Ce	ell pho	one n	ю.												Pos	tal co	ode				
Citizenship	E-mail address																														
	Citizenship		Τ													Perm	nanen	nt/Terr	npora	ry pe	rmit	no.									

I hereby declare that I am the	e biologic	al fath	ner o	fthe	child											Moti	ner's	cons	ent t	o the	ackr	owle	edge	ment	ofp	aterr	nity								
Initials and surna	me						Sigr	ature	•									Ini	tials	and s	surna	me							Sigi	natui	re		<u>к</u>		
ldentity number (passport no. if foreigner)																	tity nu sport			igner	)								Τ						
Date	- ¥ - ¥	Y	, Y	]	82	1,6	]	0	0	]						Date						Y	Ŷ	¥	¥		8	N		8	8	>			
E. DETAILS OF THE APPLIC	ANT / NE	хт о	FKI	I / LE	GAL	GU	ARDI	AN /	soc	IAL V	NOF	RKE	R (if	App	olica	nt is r	not th	e pa	rent,	plea	se co	mple	ete ar	nd su	ıbmi	t For	n D⊦	A-28	8/B, 1	wher	e ap	plica	ole)		-
Relationship to child, if next o	of kin:																																		
ldentity number (passport no. if foreigner)								]													Date	of bi	irth		Ŷ	۷	γ	Ŷ		54	\$	<i>6</i>	ŝ		]
Social Workers Case No:																			(Atta	ich co	opy o	Cou	urt or	der)											
Surname																																			
Forenames in full																																			
Place of birth: City/Town																	Co	untr	y of b	irth															
Residential address	Street																																		
Tov	wn/Village																				] Р	rovin	се				Τ		Τ	Τ	Τ				
Telephone no., incl. area code	e												Cel	ll ph	one r	no.											]	Ρ	ostal d	code					]
E-mail address																													Τ						]
Citizenship																			Pern	naner	nt/Ter	npora	ary p	ermit	no.				Τ						]
F. DECLARATION BY APPLI	CANT																																		-
Does one of the parents have	e a pendir	ng ap	plica	tion f	or as	ylum	in th	e Re	publi	ic?				Yes			No																		
If Yes, status of application an	nd attach o	сору а	asylu	m see	eker p	berm	it (s2:	2 ito I	Refuç	gees	Act)																								
																																			_
I, false statement made in this A	Application	and	supp	ortine	here doc	by d	eclari nts is	e that an o	the i	inforr	nati d pu	on s Inish	uppi able	lied e in t	in thi term:	is App s of s	olicati	on is 1 31 (	to th	e be Birth	st of r	ny ki d Dea	nowle aths	edge Regis	and strati	belie on Ad	f, tru	e and 1992	l corre	ect. I	und	erstar	nd tha	at any	/
Mother (Parent A)					5						·																								
																Date				Y	Y	Y	Y	]	M	14	]	C	0	]					
Initials and surna	me						Sign	ature	•							Place	Э												Ι						]
Father (Parent B)																																			
,																Date				У	¥.	Ŷ	Y	1	16	iv;	7	0	0	]					
Initials and surna	me						Sign	ature	,							Place	e			[				- 	Τ	T	T	Т	T	_ 	Ť	Τ			٦
			<b>I</b>																				1												
Applicant, if not Mother or Fa	ather		1										-										<u> </u>	1	<u> </u>		٦		<b>T</b>	٦					
																Date				ŝ	3	¥.		]		1 84	] T			]				-	٦
Initials and surna	me		L				Sign	ature	•							Place	9			L			L	<u> </u>		1					1_				
Relationship to the child:			Nex	t of P	(in			Leg	al gu	ıardia	ın			Soc	ial w	orker																			

#### D. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK

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

LEFT	RIGHT

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

APPLICATION RECEIVED AND VERIFIED BY:	Office stamp - Office of Origin	Stat	Bir	'n
Surname		I C	) s	м
First name				+
Persal number				
DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK Ø         Proof of Birth Form (DHA-24/PB)       Paternity test results (if applicable)         Certified copy of Mother's/Parent A's ID       Copy of valid passport (all pages)	Certified	additional documents copy of the Foreign biri ip determination Form	th certificate of	
Certified copy of Father's/Parent B's ID (if applicable)	Citizensh	ip determination Form	DHA-529 (Child	)
Certified copy of Next of kin / Legal Guardian/Social Affidavit (DHA-288C)	Copy of r	efugee permit (s24 ito l	Refugees Act), i	f applicable
Certified copy of Marriage / Civil Union/ Customary Marriage Certificate of parents (if married) Certified copy of court order (aband orphaned children)	doned/ Copy of / applicabl	Asylum Seeker permit (s e	s22 ito Refugee	s Act), if
DHA-1658 if married religiously i.e. Muslim, Hindu Certified copy of death certificate (	if applicable) Copy of p	permit (ito Immigration	Act), if applicab	le
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         Date       Signature	Social worker			
	Approved Rejected			
I,hereby declare that I have rece for a birth certificate. (* delete whichever is not applicable)	eived and verified the application, as inc	licated above approved	d / rejected* the	application
Persal Number Date Date	Signature			

#### GOVERNMENT GAZETTE, 26 FEBRUARY 2014

																																DH	<b>A-</b> 24	/LRB
	home affa	irs									,,	Alloca	ated I	denti	ty Nu	Impei	r:				1													
	Department:			-											L						J								Ва	r Co	de			
Ŵ	Home Affairs REPUBLIC OF SC	OUTH A	FRIC	A						۰ <b>۸</b> T							0 EI	оті			-					L								]
								APP	1	JAI	101			A 6 R 30		TH ( YS)	GEI	кп	FIC	AI	6													
								r	Birth	ns ar	nd D	eath	s Re	adist	trati	on A	ct 5	1 of	199	21									of t	he c				
														ection													who	ose b	irth is	s sou	for pe ght re s or ol	giste	red	
	ed in full and submi																											write	157	years	0 0	uer)		
	r original ID docume lications that are n								olack	ink v	vith E	LOC	K LE	TTER	<b>RS</b> . P	lease	marl	k⊠t	he C	ORRE	ECTE	юх, י	where	9										
Date of applic	ation	٦	Y	Y	¥	Ŷ	1	357	17	1	0	0	1			Afte	r 30 i	days				Aft	er 1 y	ear										
A. DETAILS C	F THE CHILD			1			J			1		L	]		Note	J e: Fing	gerpr	ints	of ch	ild wl	ho is	ј 7 уе:	ars o	r olde	r mu	st be	take	n on	DHA	·24/A				
Surname as a	t birth	[																																
Forenames in	full	[																																
Date of birth		[	Y	¥.	Y	Y		12	松		0	0								_							Sex:							
Place of birth:	City/Town	[																		] Р	rovin	се												
Country of bir	th	[																										Pos	stal c	ode				
Are the parent each other?	s of the child marrie	ed to				lf '	Yes, r	nature	e of n	narria	ge		Civi	I		Cus	toma	ary		] Civi	il Uni	on		Oth	er									
Date of marria	ge	[	¥.	Y.	Υ.	Y		3.0	$\mathcal{W}^{\prime}$	]	0	0			Marr	iage (	certifi	icate	enclo	osed			] Yes	6		No								
Telephone no.	, incl. area code	[											Ce	ell ph	one r	no.											]							
NOTE: If twin	s or more, provide	time o	fbirth	h for	eac	h chi	ild. F	orea	ch cl	hild,	com	olete	sepa	rate	DHA	-24 a	nd s	ubm	it all	form	s tog	ethe	r.											
Child 1:	Time									Chilo	13:			Time										Child	15:			Time						
Child 2:	Time									Child	4:			Time							]			Child	6:			Time						
COMPULSOF					_										_								_											
Provide reaso	n why the applicatio	on for a	birth	certil	ficate	was	not	made	e with	in 30	days	of bi	irth in	i tern	ns of	sectio	on 9('	1) of ·	the B	irths	and [	Death	ns Re	gistra	tion A	Act 5	1 of 1	992						
B. DETAILS C	F MOTHER (PARE	NT A)												1				1																
Identity numb	er	Į																			Date	of b	irth		¥.	¥	×	Y		44	64		0	0
Surname		ļ																		<u> </u>			<u> </u>	<u> </u>										
Previous / Mai	den surname	Į																				L		<u> </u>										
Forenames in	full	Į																						<u> </u>										
Place of birth:	City/Town	Į															Co	ountry	y of b	irth	L	L	<u> </u>											
Residential ad	dress S	Street																		<u> </u>	<u> </u>													
	Town/V	/illage																			P	rovin	ce											
Telephone no.	, incl. area code	Ĺ											′C€	ell ph	one r	10.				L								Pos	stal co	ode				
E-mail addres	S																																	
Citizenship																			Perm	naner	nt/Ter	npor	ary pe	ermit	no.									
	F FATHER (PAREN	ITB)								r				1				1														r		
Identity numbe	er	Ļ																	·		Date	of b	irth		З.	2	N.	Y		16	12		0	<u> </u>
Surname		Ļ					-														L	L	<u> </u>	<u> </u>							$\dashv$			$\dashv$
Previous / Mai	den surname	Ļ																	<u> </u>		<u> </u>	l	<u> </u>	<u> </u>										$\square$
Forenames in	full															<u> </u>							<u> </u>	<u> </u>										
Place of birth:	City/Town	ļ															Co	untry	/ of b	irth			<u> </u>	<u> </u>							$\square$			
Residential ad	dress S	Street																			ļ													
	Town/V	'illage																			P	rovin	ce											
Telephone no.	, incl. area code	Ļ											Ce	ell ph	one r	10.												Pos	tal co	ode	$\square$			
E-mail address	5	L																																
Citizenship																			Perm	naner	nt/Ten	npora	ary pe	ermit	no.									
	EDGEMENT OF PA						ORN	оит	OF V	VEDL	.004	(																						
I hereby decla	re that I am the bio	logical	fathe	er of	the c	nil <b>d</b>										Moth	er's d	cons	ent to	o the	ackn	owle	dger	nent	of pat	erni	y							-
	iliala av t							C/										ı_•	ticl-										¢i~					
Identity number	itials and surname	TT	-+	-				Signa	ature							L Ident		mbe				ne		1					Signa	uure	<del></del>			$\dashv$
(passport no. i Date	f foreigner)	+	-+	$\exists$	ЦГ											(pass Date	port	no. if	forei	gner)			 						 		_			
Jale	L				L											Jaie							1	I							<u> </u>			

E. DETAILS OF THE APPLICANT Identity number				·								1	r	·		1						ŗ					г			г		
(passport no. if foreigner)			<u> </u>	<u> </u>															Date	of bi	rth		×	Y	×.	5	L	-55	N	Ļ	0 1	4
Surname																																
Previous/Maiden surname				<u> </u>																												
Forenames in full																																
Place of birth:															Co	untry	y of L	birth														
Residential address Street																																
Town/Village																			] P	rovine	ce [											
Telephone no., incl. area code											С	ell ph	oner	10.												Pos	tal co	de [				
Citizenship																					P	ərmit	no.									
E-mail address																		Ι														
Relationship to the child		Mot	ther (I	Parer	nt A)	[		Fath	ier (P	arent	B)			Nex	t of k	in, pl	lease	e spec	cify													
		Leg	al gu	ardia	n	[		Soc	ial wo	orker,	prov	ide c	ase n	io. (A	ttach	сору	y of (	Court	order	)								Τ		Τ	T	Ī
F. DECLARATION BY APPLICANT																																=
Does one of the parents have a pending	appli	icatio	on for	asylı	ım in	the F	Repul	ic?			Yes			No																		
If Yes, status of application and attach c	ору а	asylur	m see	eker p	permi	t (s22	ito F	Refug	ees A	Act)																						
I, false statement made in this Application	and	supp																									orrect	t. I ur	nderst	tand t	hat an	у
Applicant				0						•												5										
														Date				Y	¥	Ŷ	N.	[	86	M	[	0	0					
Initials and surname						Signa	ature							Place	e																	
Relationship to the child		Mot	her (l	Parer	it A)	[		Fath	ier (P	arent	B)			Nex	t of k	in			Leg	al gu	ardiar	· [		Soci	al wo	orker						
Child (15 years or older)																																
														Date				Y	¥.	N.	¥.		63	53	l	0	0					
Initials and surname						Signa	ature							Place	•																	
G. FOR OFFICIAL USE ONLY - OFFICE	OF	ORIG	àIN																					r								_
APPLICATION RECEIVED AND VERIFIE	D BY	<i>(</i> :																							(	Office	stam	ip - C	Office	of Or	igin	
Initials and surname																																
Signature				r								Date		X	X	Ť	Ň		M	84	l	0	0									
Identity number																																
Persal number																																
Stat Birth	1																															
I O S M																																
					EASE	TICK	(☑	Each	n pag	e of .	Affida	avit is	initia	ulled b	by inf	orma	ant a	nd				L :			-1 -1							
Proof of Birth Form (DHA-24/PB o	r DHA	4-24/	РВА)			l						aths ersor	n who	ose bi	rth is	sou	aht t	o be		IT TO	reign											
Certified copy of Applicant's ID						ļ		regis	stered	d						,	J									-			cate c			
Affidavit DHA-288						ļ						pplic																	9 (SA		nt)	
Affidavit (DHA-288/A)						ļ						th ce																	9 (Chi			
Affidavit (DHA-288/B)						ļ		Citiz	ensh	ip de	termi	inatio	n Bl-	529									-					-	s Act) Refuge		plicab	le
Affidavit (DHA-288/C)						ļ		Orig	inal I	D doo	cume	nt of	infor	mant	was	prese	ente	d	ļ		appl			11 386	eker p	Jenni	1 (522		leiuge	es A	<i>s</i> y, n	
Certified copy of court order (abar children)	aone	a/or	pnane	ea		ļ			-			of th																				
Certified copy of death certificate						l		Cert	ificat		of Si	ocial	work	er's F	egist	ratio	'n															
Online verification performed and print Mother (Parent A)	outs a ner (Pa			for fo	llowin		rson: licant			1		Nov	t of K	ïn		1			son w	hoso	birth	ic co	uabt	to he	rogia	torod						
										1		inex		an		1			SONW	nose	Dirti	15 50	uyni	to be	regis	stereu						
Please enter the barcode numbers of the (DHA-24/A) of the person whose birth is						form	s:											1														
(DHA-24/A) of the Applicant:	5			5		ſ											I	1														
VERIFIED BY SUPERVISOR - OFFICE		BICI	N			L																										
Initials and surname	0 0	niai											:	Signa	ture																	
Identity Number										_				Date				1	1.1	1	<u></u>		12	-								-
Persal Number								I						Dutt				L				L			L							
					l	Г																										
		ment	o are	allac	nea	L																										
Application is complete and all required		-																														
Fingerprints are taken correctly						is so																										=
Fingerprints are taken correctly FOR OFFICIAL USE ONLY												E ID N	IUME	BER													Office	e star	 mp			Ē
Fingerprints are taken correctly												EIDN	IUME	BER										FO	ROF		Office			ABER	WAS	
Fingerprints are taken correctly FOR OFFICIAL USE ONLY											6 THE	E ID N		BER										FO	ROF			RE ID	NUN	MBER	WAS	
Fingerprints are taken correctly FOR OFFICIAL USE ONLY Capturing date											6 THE		ature		[									FO	ROF		WHE	RE ID	NUN	ИBER	WAS	

Annexure 1C

LEFT MALL	Photo of the CHILD only No photo required for Informant No photo is required where child is younger than 7 years	РНОТ	го	DHA-24/A	RIGHT SMALL
LEFT RING	[ PLEASE NOTE: Fingerpri	missing, deformed	COPY ken by an official d or so injured th	of the Department of Home at the impression cannot be	RIGHT RING
LEFT MIDDLE	FINGERPRINTS ( Please tick appropriate PERSONAL PAR CHILD Surname: Forenames: Date of Birth	DF: box TICULARS	CHILD/ AE INFORMA	DULT NT	RIGHT MIDDLE
LEFT INDEX	(YYYY/MM/DD)         INFORMANT         Surname:         Forenames:         Identity No./         Passport No.         FINGERPRINTS TAI	KEN BY: PLEAS			RIGHT INDEX
LEFT THUMB	PERSAL NUMBER Verification results RETURN THE FO Name of Regional Offic REGISTERING FINO NO. 1 -	(HANIS): RM TO:	e: population re	egister, if foreign birth)	RIGHT THUMB
		THUMB	tamp – Office o		

No. 37373 **27** 

										C O TME Anr	NT		HEA												<b></b>		ERI		IA2	24/PE	3
								PI	RO	OF				тн											L				<u></u>		1
The form must be completed in BL	ACK		<b>C</b> with	h BL	оск	LET	TEF	RS.																							
Hospital/ Medical Facility Name																													Γ	Γ	Ē
Facility code																									Γ	Γ	Γ	1	Γ	Γ	Π
Nominal register number																	1														
If birth occurred at a place other	thai	nał	losp	oital	or M	edic	al F	acili	ty, s	peci	fy pl	ace	of b	irth _																	
A. PARTICULARS OF MEDICA		RA	СТІТ	TION	IER	WH	D A	TTE	NDE	D T	HE	BIR	тн																		
Surname		<u> </u>								[			Г							,											,
Forenames in full											-												H	lealt	th Fa	acilit	y St	amp			
HPCSA / SANC Reg No.													T																		
Telephone no., incl. area code												L	L	L	L																-
Cell phone no.																															
			I								I																				
Signature							Dat	е	Y	Y	Y	Y	]	м	м		D	D													
B. PARTICULARS OF MEDICA	AL P	RA	СТІТ	TION	IER	WH	D A	TTE	NDE	D T	HE	мо	THE	R / (	CHIL	D S	но	RTL	Y AI	FTE	R B	RTI	1 (w	ithiı	n 48	hou	urs)				=
Surname								-			_	- T		T		-				ſ							y St	amp			$\neg$
Forenames in full		I							L			-	-	I																	
HPCSA / SANC Reg No.		I I							I			<u> </u>	╞																		
Telephone no., incl. area code												L	I	L	I																
Cell phone no.								l	I																						
		L			L						I																				
Signature							Dat	е	Y	Y	Y	Y	]	М	М		D	D		l											
C. PARTICULARS OF MOTHE	ER /	PAI	REN	ΤA								•																			
Identity number/ Passpc												]																			
Date of Birth	Y	Y	Y	Y		М	м	м	м	м	м	м	м	м	]	D	D		(wr	ite rr	ont	h in	full)								
Surname												L																			
Previous/Maiden surname																															
Forenames in full																															
Physical address: Street																															
Town/Village																															
Province																		I	Pos	tal c	ode					]					
Telephone no., incl. area code																															
E-mail address																															
D. PARTICULARS OF FATHE	R / I	PAR	ENT	гв								 1																			
Identity number / Passport No.																		,													
Date of Birth	Y	Y	Y	Y		м	м	м	м	м	м	м	м	м		D	D		(wr	ite m	ont	h in	full)								
Surname																															
Forenames in full		-																													
Residential address: Street																															
Town/Village																															
Province																									Pos	tal c	ode				
Telephone no., incl. area code																		Ce	ll ph	ione	no.										
E-mail address																															
E. PARTICULARS OF CHILD																			-		-										
Date of Birth	Y	Y	Y	Y		м	м	м	м	м	м	м	м	м		D	D	(wri	te n	ontl	n in i	full)		Se>	c						$\Box$
Surname																															
Forenames in full																															$\overline{\Box}$
Place of birth																															$\Box$
		L	L					L	L		L	L	I	L	L			L						L	L	I	I	I		I	

#### GOVERNMENT GAZETTE, 26 FEBRUARY 2014

										INT	OF	TUC NOH	NE /			6									Г					IA—	24/P	<sup>ва</sup>
			A	FF	IDA	٩VI	ΤF	REI		ΓIN	G.	re 1 TO Afric	PF			OF	в	IRT	Ή						L		SI	ERI	<u>AL P</u>	10		1
The form must be completed in bla	ick ir	nk wi	th Bl		K LE	TTE	RS.																									
Place of birth other than a health	ı ins	tituti	ion (l	Hos	pital	or n	nedi	cal f	acilit	y)																						
A. PARTICULARS OF A PERS	ON	WH	o w	ITN	ESS	ED '	THE	BIF	хтн	(mu	st b	e a	Sou	th A	fric	an c	itize	en)														
Identity No												]				]																
Date of Birth	Y	Y	Y	Y	]	М	М	М	М	М	М	М	М	М	]	D	D	]	(wr	ite n	nont	h in	full	)								
Surname																																
Previous/Maiden surname																																
Forenames in full																							-									
Physical address: Street		<u> </u>																<u> </u>	L							4				L		
Town/Village		<u> </u>						<u> </u>				<u> </u>	<u> </u>			<u> </u>										_				Ļ	L	
Province		<u> </u>									<u> </u>		L	L					~			<b>—</b>	<del>.</del>		P	osta	al co	ode	<u> </u>	╞	Ļ	
Telephone no., incl. area code		L											-				<u> </u>	-	Cel	l No T		<u> </u>		┿	$\frac{1}{1}$	╡	-		-	<u> </u>	<u> </u>	+
E-mail address		I	L	L	L			L			L	L	L	L	I		L			L		I		_					L	L	I	
Relationship to parents Signature							Dat	e	Y	Y	Y	Y	1	м	м	1	м	м	1													
B. PARTICULARS OF A MOT	HEF	२					201					L		L	L		<u> </u>	<u> </u>														
Identity No / Passport N	Y	Y	Y	Y		м	М	м	м	М	М	м	м	М		D	D	]														
Date of Birth	Y	Y	Y	Y		М	М	М	м	М	М	М	М	М		D	D	]	(wr	ite n	nont	h in	full	)								
Surname																										Т						
Previous/Maiden surname																																
Forenames in full																																
Physical address: Street																																
Town/Village																									Ι							
Province																			Pos	tal c	ode											
Telephone no., incl. area code													·	·	<b></b>		r		Cel	I No						4						
E-mail address C. PARTICULARS OF A FATH																						<u> </u>									L	
Identity No / Passport No.												]																				
Date of Birth	Y	Y	Y	Y		м	м	м	м	м	м	M	м	м	1	D	D	]	(wr	ite n	nont	h in	full	)								
Surname																						Γ	Γ	Т	Т	Т				Γ	Γ	
Forenames in full																						Γ	Γ	Τ	T	T					Γ	$\square$
Residential address: Street																						Ι	Γ		Τ	T						
Town/Village																									Τ	Τ						
Province								•																]	Ρ	osta	al co	ode				
Telephone no., incl. area code																		Ce	ell ph	one	no.											
E-mail address																																
D. PARTICULARS OF A CHIL	D																															
Date of Birth	Y	Y	Y	Y		М	М	м	М	М	М	М	М	м		D	D	(wr	ite n	nontl	h in	full)		Se	ex:	]						
Surname																									Γ	Ι						
Forenames in full																								Γ	Γ	Ι						
Place of birth																									ſ				_			
F. DECLARATION BY PERSO	N V	νно	W	TNE	SSE	DT	HE	BIR	тн																							
l,							true	and	cor	rect	.Ιι		rsta	nd t	hat a	any	fals	e sta	atem	ient												
WITNESS																																
													Dat	e				Y	Y	Y	Y	]	Μ	м		Γ	D	D				
Initials and surname					Sia	nati	ure						Pla	се								- 		T	- T	т Т					1	
		·												-								1	۱	1						L	1.	
D. DECLARATION / O NOTE: Commissioner of C								d Di	HA d	offic	ial a	at th	e of	fice	whe	ere a	appl	icat	ion	is sı	ubm	itte	d									

This gazette is also available free online at www.gpwonline.co.za

Signature of deponent		Date (YYYYMMDD)	
I certify that before administering the oath I asked the deponent the following	g questions	and wrote down his/her	answers in his/her presence:
(1) Do you know and understand the contents of this declaration?	Answer:		
(2) Do you have any objection to taking the prescribed oath?	Answer:		
(3) Do you consider the prescribed oath as binding on your conscience? I certify that the deponent has acknowledged that he/she knows and underso me and that the deponent's signature or mark was affixed to the declaration		ontents of this declaration	
I certify that the deponent has acknowledged that he/she knows and unders me and that the deponent's signature or mark was affixed to the declaration	tands the co	ontents of this declaration	
I certify that the deponent has acknowledged that he/she knows and undersi	tands the co	ontents of this declaration	n which was sworn to/affirmed befo
I certify that the deponent has acknowledged that he/she knows and undersome and that the deponent's signature or mark was affixed to the declaration Signature of the Commissioner of Oaths Full first names and surname Decision for the Commissioner of Oaths	tands the cc	ontents of this declaration	
I certify that the deponent has acknowledged that he/she knows and undersome and that the deponent's signature or mark was affixed to the declaration Signature of the Commissioner of Oaths Full first names and surname	tands the cc	ontents of this declaration	n which was sworn to/affirmed befc

Town/Village														BA																	
			A	FF	ID/	٩VI	TF	REL		IN	G 1	ю	PR				BI	RT	Η							S	ERI	AL N	10		]
The form must be completed in bla	ick in	nk wi	th BI	00	KLE	TTE	RS																								
								cal fa	acilit	y)																					
		WH(	- W	ITN	- 55	ED 1	THE	BIR	тн																						_
.				r												1															
					1										l																
	Y	Ŷ				м	м	M	м	м	м	м	м	м			D		(wri	te m	onth	n in t	full)								
																											r		<b>—</b>		
		<u> </u>														<u> </u>											l		L	L	ШI
Land and																	·									r	<b></b>		<b></b>	<del></del>	
Physical address: Street																													L	Ļ	늬
-																ļ														Ļ	늬
																					r				Pos	tal c	ode		L	╞	늬
Telephone no., incl. area code																r	·		Cell	No.									L	Ļ	늬
E-mail address																															Ш
Relationship to parents						-										1															
Signature							Dat	e	Y	Y	Y	Y		М	М		М	м													
				<u>.</u>	1																										
	Y	Y	Y	Y		м	М	М	М	М	М	М	М	м		D	D		(wri	te m	onth	in f	full)							<del></del>	
Surname																														L	Щ
Previous/Maiden surname																															
Forenames in full																															
Physical address: Street																															
Town/Village																															
Province																		I	Post	al co	ode[										
Telephone no., incl. area code																			Cell	No.	[										
E-mail address																															
1 .	IER															1															
					L																										
	Y	Ŷ	Ŷ	ľ		M	м	M	M	M	IVI	M	M	M					(wrii	e m	onth	in f	ull)								
Surname																													L		늬
Forenames in full								,																							Ш
Residential address: Street																															Щ
Town/Village																															
Province																									Pos	tal c	ode				
Telephone no., incl. area code																		Се	ll ph	one	no.										
E-mail address																															
D. PARTICULARS OF A CHIL	D																														
Date of Birth	Y	Y	Y	Y		М	М	М	М	М	М	М	М	м		D	D	(wri	te m	onth	in f	ull)		Sex	:						
Surname																														$\Box$	$\square$
Forenames in full																				Τ											$\square$
Place of birth																	T	Ī	T	T	T										司
F. DECLARATION BY PERSO	N V	ино	WI	TNE	SSF	DT	HEI	BIRT	ГН																ì						믝
, Application is to the best of my documents is an offence and pun WITNESS							rue	and	cor	rect.	lu	nder	rstar	nd ti	nat a	any		sta	tem	ent i											
													Date	е			ſ	Y	Y	Y	Y	ſ	м	М		D	D				
Initials and surname					Sig	nati	ıre						Plac	ce			[													]	

	(1) - i - f -		de sette di stati di Constru
, submitted in this Affidavit and the Application for Birth Certificate is true a section 31 of the Births and Deaths Registration Act 51 of 1992.			nder oath that the information se statement is punishable under
Signature of deponent		Date (YYYYMMDD)	
certify that before administering the oath I asked the deponent the follow	wing questions a	and wrote down his/her	answers in his/her presence:
1) Do you know and understand the contents of this declaration?	Answer:		
2) Do you have any objection to taking the prescribed oath?	Answer:		
	,		
<ul><li>(3) Do you consider the prescribed oath as binding on your conscience</li></ul>			
(3) Do you consider the prescribed oath as binding on your conscience certify that the deponent has acknowledged that he/she knows and und me and that the deponent's signature or mark was affixed to the declaration.	? Answer: erstands the co	intents of this declaration	
(3) Do you consider the prescribed oath as binding on your conscience certify that the deponent has acknowledged that he/she knows and und	? Answer: erstands the co	intents of this declaration	
(3) Do you consider the prescribed oath as binding on your conscience certify that the deponent has acknowledged that he/she knows and und me and that the deponent's signature or mark was affixed to the declaration.	? Answer: erstands the co	intents of this declaration	n which was sworn to/affirmed befc
(3) Do you consider the prescribed oath as binding on your conscience certify that the deponent has acknowledged that he/she knows and und me and that the deponent's signature or mark was affixed to the declara Signature of the Commissioner of Oaths	? Answer: erstands the co ion in my prese	Intents of this declaration	n which was sworn to/affirmed befo
(3) Do you consider the prescribed oath as binding on your conscience certify that the deponent has acknowledged that he/she knows and und me and that the deponent's signature or mark was affixed to the declara Signature of the Commissioner of Oaths Full first names and surname	? Answer: erstands the co ion in my prese	Intents of this declaration	n which was sworn to/affirmed befo

				A	FFI	DA	VIT		RE	EPU	IBL / TIC	IC   ANN E C	OF NEX DF	HC SO (UR BIR 1 Y	UTI E 2 TH	A GIV	FRI	CA	•	ĒR	30	DA	YS	-		-				DH	A-28	38/4
No. Contraction	,					(E	Birt	hs	and	d De	eatl	h <b>s i</b> [S	Reg	<b>jisti</b> on 9(3	ratio 3A)]	on .	Act	51	of	199	92]											
o be completed by the parent nust be completed in BLACK I hall not be accepted.																																
Date of application		ΓY	Y	Y	Y	1	M	M	1	D	D	7																				
A. DETAILS OF THE PAREN	т	L						<b>.</b>	-			-																				
Identity number			Γ		Γ			Γ	Γ		Γ	Τ	Г	]		Citi	zensł	hip			Γ	Γ	Γ	Τ	Т	Т	Т			Γ	Τ	Т
Date of birth (YYYYMMDD)									]	Pass	spor	t no./	Perr	nane	nt res	sider	nce p	ermi	t no.				Ī	Ī	T		Τ			Ī	Ī	T
Surname																																Τ
Previous/Maiden surname																																Ι
orenames in full									<u> </u>	<u> </u>	<u> </u>		Ļ	Ļ								<u> </u>		<u> </u>	Ļ	_	_					1
Place of birth			ļ				<u> </u>	<u> </u>		<u> </u>			<u> </u>	] 	Cou	intry	of bi	rth		<u> </u>	I	<u> </u>		<u> </u>	1	4					1	1
Current contact address Street									<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>			1	L	ļ	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	+	_	4			<u> </u>	<u> </u>	<u>_</u>
Town/Village				I				<u> </u>	<u> </u>	<u> </u>	1		1				]	Prov I	ince T	L	<u> </u>	 		1	+	┽				I	1	
elephone no., incl. area code		<u> </u>	 					<u> </u>		<u> </u>	] 		Jell p	ohone T	e no.			L	L		ļ	I		<u> </u>	+	4				<del></del>	1	т
-mail address			L	I				I		<u> </u>	<u> </u>	<u> </u>	L					I				<u> </u>	<u> </u>	<u> </u>	+	+	4			<u> </u>	<u> </u>	Ļ
Postal address Province		L		l				<u> </u>	<u> </u>	<u> </u>	1 T		<u> </u>	<u> </u>			L] 1	L	L	L		1	I	I	1					<u> </u>	<u> </u>	Ļ
elationship to the child:			her/F	Parer				] Eat	her/F	Parer			I				J								Р	ostal		ae		I	1	
								]																								
B. DETAILS OF THE CHILD		·							<b>.</b>			<b>.</b>	<b></b>	· · · · ·						,												
urname as at birth								<u> </u>	<u> </u>				<u> </u>																			Ţ
orenames in full								<u> </u>	ļ																Ţ							T
Date of birth (YYYYMMDD)									J								Sex															
lace of birth																									]							
Contact number														]																		
egister the birth of the above mention	oned	child	d afte	er 30	days	s bec	caus	e of	the f			ent o reasc		:													, dı	ecla	re tł	nat I		
													,																			
The deponent and the Commission	ner o	of Oa	aths	to in	itial	each	pag	je of	the	Affic	lavit																					
DECLARATION NOTE: Com	mis	sior	ner o	of Oa	aths	mus	st be	e an	aut	hori	sed	DHA	A off	icial	at th	ne o	ffice	wh	ere	app	licat	ion	is s	ubm	nitt	ed						
I, Notice of Birth is true and correc	ct, ar	ndlu	unde	rstan	d tha	at a fa	alse	state	emer	nt is p				der s																and	the	
Signature of deponent																	Date	e (YY	YYN	١MD	D)	Y	Y	Y	)	ÝŇ	M	M	D	D	]	
I certify that before administering	g the	e oat	hla	sked	the c	depo	nent	the	follo	wing	que	stion	s an	d wro	te do	wn I	nis or	r her	ansv	wers	in hi	s or	her (	ores	enc	e:						
(1) Do you know and understa	nd th	ne co	onten	ts of	this	decla	aratio	on?					Ans	swer:																	_	
(2) Do you have any objection	to ta	king	the	oreso	cribed	d oat	h?						Ans	wer:																	-	
(3) Do vou consider the prescr	bed	oath	n as t	oindir	na or	n vou	r co	nscie	ence	?			Ans	wer:																	_	
											rstan	ids th	ne co	onteni	ts of t	this (	decla	ratio	n wł	nich '	was	swor	n to/	affiri	me	d bef	ore	me	and	tha	t the	:
I certify that the deponent has a deponent's signature or mark w	as ai																															
		aths						•																								
deponent's signature or mark w		aths						-																								

			DHA-288/A
Designation (rank)			
Persal number			
Business Address			
			Departmental Stamp
Area code			Dopartmental etamp
Place			
Date	Y Y Y M M Y Y		
E. FOR OFFICIAL U	ONLY- OFFICE OF ORIGIN		
Notice of birth and a	davit received by:		
Surname			
Forenames			
Persal number			Departmental Stamp
Signature			
		-	
Date			
		a. 9	
The deponent and the C	missioner of Oaths to initial each page of the Affi	davit.	

																														DHA	-288
	<i>b.</i>									AR'																					
	ģ							r	EP	UB		. 0	гэ	00	п	АГ	RIC	~A													
	1						^ E			IT 6					2B			ORT	. 01	-											
	Ŋ																	1 Y													
	/																														
						[Bi	rth	s a	nd I	Dea	ths	Re	gis	stra	tior	n A	ct 5	51 o	f 19	992	]										
To be completed by the <b>parent</b>	. Th	e pa	aren	t and	d Co	omm	nissi	one	r of	Oat	hs to	o ini	tial e	each	pag	ge.	То	be s	ubm	nitte	d to	geth	er v	vith	DHA	-24	/LR	Bar	nd D	HA-	. –
24/A (if the person whose birth completed in <b>BLACK INK</b> with reports and proof of qualifica	BLC	DCK	LE	TTE	RŠ.	Ple	ase	ma	rk ⊠	] the	CC	RR	ECT	Гbo	x, w	here	e re	quire													
A. DETAILS OF THE PARE	NT (	if de	cea	sed,	ind	icate	e de	etails	s of t	the	oers	on r	mak	ing	the a	affid	avit	)													
Identity number								Γ					Γ	]		Citiz	zens	hip			<u> </u>										
Date of birth (YYYYMMDD)									]	Pass	port	no./	Perm	ane	nt res	sider	ice p	ermi	t no.												
Surname																															
Previous/Maiden surname																															
Forenames in full																															
Current contact address Street																															
Town/Village																		Prov	ince												
Telephone no., incl. area code												C	Cell p	hone	e no.																
E-mail address																															
Postal address		<u> </u>											<u> </u>				ļ											Щ			
Province	L	<u> </u>																							Pos	tal co	ode	Щ			
Pace of birth	L												<u> </u>			ntry	of bi	1		L											
Relationship to the child:	Mot	her /	Pare	ent A			Fat	ner /	Pare	nt B			Nex	t of I	kin			Leg	al gu	ardia	an										
B. DETAILS OF THE CHILD	/ PI	ERS	ON	SEE	KIN	NG 1	гοι	BE	REG	IST	ER	ED																			
Surname as at birth																															
Forenames in full																															
Date of birth (YYYYMMDD)	L																Sex											<b></b>			
Town/City of birth	L		I					I				L	L				Prov	rince			<u> </u>						L				ᅴ
Country of birth													<u> </u>					<u> </u>							Pos	tal co	ode				
Current contact address Street									<u> </u>			<u> </u>	<u> </u>	L			L														┛
Town/Village									<u> </u>						hone			Prov I	ince												
Telephone no. incl. area code E-mail address (if available)	<u> </u>	I 													none	10.						I								T	
Language (mother tongue)	╞	I							 					1	Seco	ond I	L				L		I					H			ㅓ
C. DETAILS OF LIFE EVEN								L					I	]				3-					l	I							
				CIII	LD																										
C1. INSTITUTION OF BIRTH - <u>CON</u> Place of birth F			_		Dr	ivate	hos	nital			locto	or's o	ffico			A+ b.	ome			~	linic			ther							
Name of place of birth			pital		-1	ivate	nos	pital					T/			~ 11	l													T	=
Full address Street		L										L	L				L											H		+	ᅴ
		L						I	I				I				l	D				I	L							$\dashv$	ᅴ
Town/Village													L	L				Prov	ince			I			De	stal c				$\dashv$	ᅴ
Telephone no., incl. area code		I						I				en p	hon e I	- no.											105		.oue				ᅴ
E-mail address		 																					L							-+	┥
Contact person's name	L	L	I			-		I	I				I	I			L	I			L	I					I				

C2. RELIGIOUS CEREMONY PER			01	THE	<u></u>	D / I		201	TO			ICTE																		DHA	-288
Institution name							ER	SUN									<u> </u>						Γ	<u> </u>	-		1	<b></b>			
Contact address Street		1			1							Ť		<u> </u>	 	1		Ι											$\vdash$		
Town/Village	-	<u></u>			1			L			I	1		<u> </u>		1	1	Prov	ince								+				
Telephone no., incl. area code	-											L Cell p	L			-	]						Γ	I			code				
		<u> </u>										T	T	T 10.			 	I						· 			T			_	
E-mail address	L		<u> </u>		<u> </u>							<u> </u>		<u> </u>		<u> </u>	<u> </u>										<u> </u>				
Contact person name			<u> </u>																								<u> </u>	ļ			
Date of the ceremony (YYYYMMDD	)											Тур	e of	the c	eren	nony															
C3. PRE-SCHOOL OR CRECHE A	TTE	NDE	)																												
Institution name												T		<b>—</b>		1											1				
Contact address Street	-											+	 	<b>–</b>	<b></b>								[	Г			+				_
Town/Village												1				1	I ]	I Prov	ince					I			1				
Telephone no., incl. area code	_	1										L Cell p	L											I		stal i	code				_
Contact person name	-		I	I								T		1										I T			T	L			=
Period of attendance (YYYYMMDD)	L	Froi										1	To		 												I		L]		
											I	۱ 		L	L	L		I													
C4. PRIMARY SCHOOL ATTENDE					1		,		1																						
Was more than one school attened	?	Yes			]		No			If ye	es, p	rovid	e de	tails	of the	e sch		with 1	nost	verif	iable	info	rmat	ion							
Name of school																															
Contact address Street																															
Town/Village																		Prov	ince												
Telephone number											0	Cell p	hone	e no.											Pos	stal (	code				
Contact person name																															
Period of attendance (YYYYMMDD)	F	rom										То																			
Grade at ad	miss	ion										]	Higt	nest	grad	e pas	sed										]				
C5. SECONDARY SCHOOL ATTEN	DED	)			1																										
Was more that one school attended	?	Yes					No			lf ye	s, p	rovid	e de	tails	of the	e sch	001	vith r	nost	verif	iable	info	rmat	ion							
Name of school																															
Contact address Street																															
Town/Village																		Prov	ince												
Telephone no. incl. area code											C	Cell p	hone	e no.											Post	tal c	ode				
Contact person name																															
Period of attendance (YYYYMMDD)	F	rom										То																			
Grade at ad	miss	ion										]	High	nest	grade	e pas	sed										]				
C6. TERTIARY INSTITUTION ATTE					1																										
Was more that one Institution attend	ded?	Yes					No [			lf ye	s, p	rovide	e dei	ails (	of the	e inst	itutio	on wi	th mo	ost v	erifia	ble i	nforr	natio	n						
Name of Intitution																															
Contact address Street																															
Town/Village																		Prov	nce												
Telephone no. incl. area code											0	Cell p	ione	no.											Post	alc	ode				
E-mail address																															
Contact person name																															
Period of attendance (YYYYMMDD)	F	rom										To																			
	Cou	irse											Qua	lifica	tion	obtai	ned										]				
C7. EMPLOYMENT RECORD - THE	E MO	ST F	RECE	INT	EMP	LOY	ER																								
Employer																															
Physical address Street																															
Town/Village																	1	Provi	nce												
Postal address																															
Province																									Post	al co	ode				
Telephone no. incl. area code												С	ell p	hone	no.																
Contact person name																															
Period of employment (YYYYMMDD	)	Fror	n									]	То																		
Nature of work performed																															

C8. REFERENCE PERSON TO TH	Е СН	IILD	- <u>co</u>	MPU	LSO	RY									*****															DH	4-28
The reference to the birth is:		_۱									٦.					1_															
Witness to the birth		1	•	nemb						-	1	ial Gi			_		tor / F						r		T	T	1	T	T		
Tribal Authority		Per	son v T	who r	aiseo	the	per	son T	-	<u> </u>		ial w	orke T	r 1			er, ple		spe	CITY					<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>
Identity number									<u> </u>		I						ensh	. 1						<u> </u>							
Date of birth (YYYYMMDD)										Pas	sport	no./	Pem	nane	nt res	siden	ce pe	ermit	no.					Ĺ							
Sumame																															
Previous/Maiden surname																															
Forenames in full																															
Physical address Street																													1		
Town/Village																	F	Prov	ince						T						
Postal address									T				Γ										[	Γ	T	T		Γ			
Province								 	T	T	T	T	Γ								L			1	Po	stal c	ode				Ē
Telephone no., incl. area code		 								1		1		L Cell n	hone									1	1	T	1	L	.I		L
									+	1		1	r (		1		of bir				I		I				J	1	T		_
Registered place of birth	L	L	L						I		I	L	L	L	JCou	nuy		un					L	<u> </u>	1		<u> </u>				
Since what date have you been ass D. DECLARATION / OATH /					on w	nose	e birt	in is	requ	lirea	to be	regi	stere	a?					Date	9 ( Y )	YYN.	IMDI	)	L	L		<u> </u>	<u> </u>	<u> </u>	L	<u> </u>
I, Notice of Birth is true and corre	ct, ar	ndlu	unde	rstan	d tha	it a fi	alse	stat	eme	nt is							th/afi of th												and	the	
Signature of deponent															_		Date	(YY	YYN	1MDI	D)										
(2) Do you have any objection	to ta	aking	the	preso	cribe	d oat	h?						Ans	wer:																	
(3) Do you consider the prescr	ibed	oath	n as t	bindir	ng or	i you	r co	nsci	ence	?			Ans	wer:																	
l certify that the deponent has a deponent's signature or mark w											rstan	ids th	ne co	onten	ts of	this (	decla	ratio	n wh	nich v	wass	swori	n to/	affirn	ned	befor	e me	e and	d that	the	
Signature of the Commissioner	of O	aths						•														(	Offic	e sta	mp ·	OFF	ICE	OF	ORIG	IN	
Full first names and surname																															
Designation (rank)																															
Business Address																															
Date										Pla	ce																				
The deponent and the Commi	ssio	ner (	of Oa	aths	to in	itial (	each	n pa	ge o	f the	Affic	lavit.									L										
E. FOR OFFICIAL USE ON		- 0	FFI	CE	OF	OR	IGII	N					,									(	Offic	e sta	mp	OFF	ICE	OF	ORIG	IN	
NOTICE OF BIRTH RECEIVED BY:           Stat         Birth           I         O         S         M		Date	e (YY	(YYN	1MDE	D) [						L			]																
		Initia	als ai	nd su	ımar	ne .											17. 0. 19. av av 4. 7 70. 7														
		-	natur			I				T	1				 ]																
		Per	saini	umbe	er	_ [		I	1	1	L	I	L	L	J						i										

To be completed by the <b>next</b> of together with DHA-24 form. The	e for	rm n	nus	gua st be	rdia corr	<b>[Bi</b> n . 1 plet	rth: <sup>-</sup> he ed i	r G sa ne: n E	REF IVE Ind		Al Al BY I aths ion 9	NNE NEX S Re (3A)	F S EXI (T and uar		TH 2C KIN tio	AF 1 / L n Ac on 6(1 d Co	EG	AL	of 1	992	] Dati	ns to							be	sut		ted
Applications that are not legi						M			D	D	1			egistra		withi						after					gistra	atic	on af	ter	1	
A. DETAILS OF THE NEXT (					1	L		-	L	<u> </u>	1	L	1 30	) Days	5			L	l Day	/s u	oto 1	yea	r		L	Jye	ar					
Identity number	г <u> </u>	T			T	1		T		T	T	1	<u> </u>	٦	Citi	zensł	nin e	a. B	54		r	T	r	T	τ_	T-	T	Т	Т	-	-	
Date of birth (YYYYMMDD)			$\frac{1}{1}$	+				+	+	Pas	sport	no /	L Per	] manei							I	T	T T	+	<u> </u>	+	┿	+	╈	+	$\dashv$	=
Surname				<u> </u>	+	1	<u> </u>	T		T	T	T	T	T	T	T		T	[		<u> </u>	T	<u> </u>	+	<u> </u>	+	+	+	$\pm$	+	-	ᅴ
Previous/Maiden surname		+	$\overline{\mathbf{T}}$	+		1		t	+	$\frac{1}{1}$	1	+		1	-			Ī				1	T	+	<u> </u>	$\frac{1}{1}$	┿	十	$\pm$	╡	+	ᅴ
Forenames in full				+	<u> </u>	<u> </u>		t	+	<del> </del>	T	+	F	+				Ī					1	+	$\frac{1}{1}$		┿	十	$\pm$	+	+	=
Place of birth	<u> </u>	-	F		<u></u>	1		T	1	$\frac{1}{1}$	Í T		f	1	Coi	untry	of bi	rth				†	<u> </u>			$\frac{1}{1}$	+	十	+	ᆕ	=	=
Relationship to child			t of	f kin	·		Le	gal	guard	lian (	Atta	ch pro	oof	 of gua					L		I	1	I		.1		- <b>I</b>	<b></b>			l	<u> </u>
		J,			T		J			T	T	т <u>р</u> ,	T	1 900		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 	r		<b></b>	<b></b>	1.	<u> </u>	1	T		<del>—</del>	Т				
				+	I	ļ		<u> </u>	<u> </u>		<u> </u>	<u> </u>					L		L		L			<u> </u>	<u> </u>	<u> </u>	<u>_</u>	Ļ	<u> </u>	4		ᅴ
Town/Village		I	<u> </u>	+	ļ	<u> </u>	L	<u> </u>	<u> </u>		<u>ا</u>	L	L		L			Prov	ince	L	L		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1	1				
Telephone no., incl. area code		<u> </u>	<u> </u>	4	<u> </u>	<u> </u>		<u> </u>	1	<u> </u>	1		Cell   T	phone	e no.						<u> </u>		<u> </u>	<u></u>	<u> </u>	1		<b>—</b>				
E-mail address		<u> </u>	<u> </u>					<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		L			<u> </u>				<u> </u>	<u> </u>		Ļ	<u> </u>	1	Ļ	ᆣ	ᆜ	_	
Postal address						<u> </u>		L			<u> </u>	<u> </u>	<u> </u>				L						<u> </u>	1		1	1	Ļ				
Province					Ļ			Į																	Pos	stal c	code	L				
Are you listed on the sexual offence	s reg	gister	r?		Yes	;		No	•	lf y	es, p	lease	e pro	ovide	deta	ils																
B. DETAILS OF THE CHILD	/ PE	ERS	0	Ņ																												
Surname as at birth		<u> </u>	Г	Т	1			Г	T	1	1	1	Γ	T								Γ		T	Г	Τ	Т	Т	Т	Т		
Forenames in full		İ.	T	1	İ	1		T	T	T	T	T	Γ	T								Ī	1	T	T	T	T	T	T	T	T	=
Date of birth (YYYYMMDD)		1	Γ	T	Ī	1		T	7	Sex	(		Γ	T				1										-				
Place of birth			T	T	T	1		T	1	Г	Γ	T	Γ	T		Ī		i –					Γ	T	1							
Contact number		1	T	T	Ī	Ī		Г	T	Ī	T	Ī	Γ	7 0	ell p	hone	no.							T	Ť	Τ	Τ	1				
C. DETAILS OF THE CHILD	'S G	RA	ND	PAR	EN.	Г																										
Identity number			<u> </u>	Т	1	<u> </u>		Г	1	Γ-	<u> </u>	T	Г	٦	Citi	zensł	nip e	.a: R	SA			<u> </u>	<u> </u>	1	<u> </u>	1	T	Т	Т	Т		7
Date of birth (YYYYMMDD)			T	1	<u>†</u>	† –		$\mathbf{t}$	F	assp	port r	no./P	erm	 anent				-		-				+		+	+	t	十	+	+	4
Surname		1	Ī	1	Ì	Ì		T	1	Γ.	Γ		Γ	T							-	İ	İ	Ť	İ	Ť	t	f	十	寸	+	ゴ
Forenames in full		Γ	Ī	T	Ì	Ī		T	T	Î	Ī	Ī	Γ	T				Γ				Γ	Γ	T	Ī	T	Ť	Ť	十	十	T	ゴ
Date of birth	Y	Y	Ý	/ Y	M	M	D		1	•	•	•	<b>.</b>		•	·	Sex	•				Ì	Ī	T	1	•	-					
Place of birth				Ť	T			T	-	1	Г	1	1	٦	Со	untry					l			1	1	T	Т	Т	Т	Т	Т	
Current contact address Street	-	-	F	+	1	1	<u> </u>	t	+	t	1	1	1									<u> </u>	<u> </u>	$\mathbf{f}$	1	+	╈	十	+	+	+	╡
Town/Village	-		Ē	1	İ	t		T	1	İ	İ	Ì	Ē	1		İ		Prov	ince			i T	İ	T	İ	f	t	f	十	十	+	٦
Telephone no., incl. area code			Γ	Ì	1			Ī	Ť	1	]	C	Cell	phone	e no.									Ī		]	-	-				
E-mail address			Γ	T	1	T		T	Ť	Ī	Ī			Т										T	Γ	Ť	Т	T	Т	Т	Т	٦
Postal address			Ī	T	1	<u> </u>		T	Ť	T	Γ	1	Γ	Ť									Ī	T	Γ	Ť	Ť	Ť	Ť	Ŧ	T	٦
Province		1	Ĺ	1	Í	Í I		T	Ť	Í	Í	í T	Ē	Ť				•			•••••	•	•	•	Pos	stal c	code	Ē	十	+	$\overline{\uparrow}$	۲
Specify type of grandparent		Gra	ndr	nothe	r	•		Gr	andfa	ther																		•				
D. COMPULSORY - REASO	NS	FOF	RN	IAKI	NG /	AN /	\PP	_			FOF	RAE	BIR	атн с	ER	TIFI	CA.	ΓЕ														
l,						decl	are ti	hat	l reai					legal ne abo				child	ins	tead	ofp	arent	ts be	caus	se of	the	follov	vin	a			
reason(s):					'				3																							
The deponent and the Commi	ssio	ner (	of C	Daths	to in	itial	each	n pa	ige of	the	Affic	lavit.																				

																																		DH	4-28	38/B
E. DECLARATION	NO	TE:	Com	mis	sior	ner (	of Oa	ths	mu	st b	e a	n aı	uth	oris	sed	DH	A of	ficia	al at	the	of	fic€	e wh	ere a	appli	cat	ion i	s s	ubm	nitt	ed					
I.														the	nex	t of	kin /	lega	il gua	ardia	an, f	here	eby d	ecla	e un	der	oath/	affi	m th	nati	he i	nfoi	mati	on		
submitted in this Aff Registration Act 51			ne No	otice	of B	irth i	s true	anc	l cor	rect	, and	dlu																								
I certify that before a	adminis	sterin	ig the	e oat	:h/aff	irma	tion I	aske	ed th	e de	epor	ent	the	e foll	lowir	ng q	uest	ions	and	wro	te d	low	n his	or h	er ans	swe	rs in I	his	or he	er p	rese	ence	e:			
(1) Do you know a	nd und	ersta	ind th	ne co	onten	its o	fthis	decla	arati	on?						An	swe	:																		
(2) Do you have ar	ny obje	ction	to ta	king	the	pres	cribe	d oat	th?							An	swei	:																		
(3) Do you conside	er the p	rescr	ribed	oath	n as t	oindi	ng or	i you	ır co	nsci	ence	e?				An	swei	:																		
Signature of depone	ent																			D	ate	(Y)	YYN	IMD	» [					Τ	Τ				]	
I certify that the dep	onent	has a	ickno	wlea	dged	that	he o	r she	e kno	ows	and	und	lers	stan	ds th	ne c	onte	nts c	of this	de	clar	atic	on wh	ich v	vas si	worr	n to/a	ffin	ned	bef	ore	me	and	that	the	9
deponent's signatur																																				
Signature of the Co	mmissi	oner	of O	aths							-																									
Surname																L		Ι			]															
Forenames																																				
Persal number																																				
Designation (rank)																L																				
Business address					<u> </u>						<u> </u>					<u> </u>		<u> </u>		_	4															
											<u> </u>	1	4			<u> </u>	<u> </u>	<u> </u>		_	4														,	
												_	_			<u> </u>		1	<u> </u>	+	4															
	L				L					L		1				L		1	_	_l		]					-									
	Are	a cod		Y	м	м	D	D		J																	Dep	arti	nent	ars	starr	ıρ				
Date		Y	Ŷ	Y				0			<b>—</b>		-			<del>.</del>	-	<b>—</b>	-																	
Place			I			I				L	I					<u> </u>		1	1																 	
F. FOR OFFICIAL	USE	ON	LY	- 0	FFI	CE	OF	OR	IGI	N																										
NOTICE OF BIRTH AND	AFFI	DAVI	T RE	CEIN	VED.	BY:																					Depa	artn	nenta	al S	tam	p				
Sumame											1	Τ				Γ			Τ	Τ																
Forenames																		Γ	Γ																	
Persal number																																			•	
Date	Υ	Y	Y	Y	М	М	D	D																												
Signature												-																								
The deponent and the	Commi	issio	ner c	of Oa	aths	to ir	itial	each	pag	je o	f the	e Afi	fida	ivit.																						

					AFI	=ID,		F	REF				F S Exl MA		TH 2D N (	AF OF I		CA TEF		ΤY	FO	R		-			DH	A-28	8C	•	
(1) (1) (1) (1) (1)						[Bi	rth	s ar	nd l	Dea	ths		egis			n A	ct {	51 d	of 1	992	2]										
To be completed by the BIOLO		A1		rue	Bot		hild			t of			. T.		0.14	mitt	<u></u>		the			10.0	24.0		14.2	4/1 0		The	hio		
father MUST present his originatick I the CORRECT box, when application where one parent	al ID re re	dod equi	cum red.	ent Ap	whe plic	n co atio	onfir ns t	ming hat	g pa <b>are</b>	itern not	ity. Ieg	The ible	forr sh	n m all n	ust k I ot k	be c be a	omp cce	plete pte	ed in d. P	BL ater	AC∤ nity	(IN tes	K w tst	ith E o ac	3LO con	CK npa	LE1 ny t	ITEI his	RS.	Plea	ase
residence or refugee status in							izer	1 an	a tr		ner	pa	rent	IS a		n-30	Juti		rica		uze	n w	no (	JOe	s no	nc nc		berr	nan	ent	
A. DETAILS OF BIOLOGICA	L F.	ATH	IER											-																	
Identity number																Citiz	ens	hip													
Date of birth	Y	Y	Y	Y	М	М	D	D	]							Ρ	ermi	it no.													
Passport no.																															
Surname																															
Previous surname																															
Forenames in full																															
Residential address Street																															
Town/Village																		Prov	/ince												
Telephone no., incl. area code											]							C	Cell p	bon	e no.										
E-mail address																			Γ												
Postal address																															
Province																									Pos	tal c	ode				
Registered place of birth														]	Cou	intry	of bi	irth													
														-																	
B. DETAILS OF THE CHILD																															
Surname																															
Forenames in full										Γ		Γ			Γ			Γ	Γ	Τ								Γ			
Date of birth	Y	Y	Y	Y	м	м	D	D	1	1	•	I	1	4	ı		Ger	nder	-		1	<u> </u>	†		1		h	<b>4</b>	<b>.</b>	la restar	L
Town/City of birth				Ĺ			Ē	Ē	Í-	1		<u> </u>	1			1		/ince	-	+	<u> </u>				†–		<u> </u>	Г	Г	Γ	Γ
-		 	 	Г Г				 			 		<u> </u>	1		, 		Г	<u> </u>	T	1	I	<b>.</b>	ł	Por	tal c		<u> </u>	<u> </u>	-	F
Country of birth	ļ		 			I	I	 	L	<u> </u>			1					-	-	+	1	<u> </u>	-		1-05		e	┝	<u> </u>	<u> </u>	-
Residential address Street		I	I		I	I	I	L	I	<u> </u>	I	<u> </u>	<u> </u>	 				<u>р</u>	1	-	 			 				╞	<u> </u>	<u> </u>	
Town/Village		<u> </u>		L	I	<u> </u>	<u> </u>			<u> </u>	L	<u> </u>	<u> </u>	1	L			Prov	nce	۲ <u>ــــ</u>	1	I	L	I	L		L	L	1	L	L
Language (mother tongue)				L								I	1	]																	
C. DETAILS OF MOTHER																															
Identity number						<u> </u>	<u> </u>	<u> </u>		<u> </u>			1	1		Citiz	ens	hip		Г	Γ	<u> </u>			Γ	<b></b>	Γ	Γ	Γ		Γ
Date of birth	Y	I Y	ΙΥ	Y	м	М	D	D	1	L		<b>I</b>	·	L				ermi	t no	<u> </u>	1	 	<u> </u>	<u> </u>			<u> </u>	Ē	t	-	F
Passport no.	<u> </u>							F	ן 	<u> </u>		<b></b>	í							L	1	I	I	I	1	I	L	L	L	L	L
			I			L		I	L	I	I	 	1	1	r			r	T	<del>.</del>	1	r		I				r		<u> </u>	<b>—</b>
Surname	L	<u> </u>	I		I	I	I	L	I	I	I			<u> </u>	L			L	<u> </u>	<u> </u>	<u> </u>		I			I	<u> </u>	<u> </u>	<u> </u>	F	
Previous / Maiden surname		L	<u> </u>	<u> </u>					L	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	L	L	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	I	<u> </u>	<u> </u>	<u> </u>	Ļ	L
Forenames in full			ļ	<u> </u>				<u> </u>				<u> </u>	<u> </u>	ļ				<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>		L		<u> </u>	Ļ		
Residential address Street										L								1	1		1		L								L
Town/Village																		Prov	/ince												
Telephone no., incl. area code																		C	Cell p	hone	e no.										
E-mail address															Γ				Γ	Γ			Γ					Γ			Γ
Postal address				<u> </u>		<u> </u>		İ		İ		İ	İ	Í	İ –			Ī	Í	Ī	Í		İ	<u> </u>	Î			Ē	Ē		Γ
Province								<u> </u>		İ		<u> </u>	<u> </u>	İ	í –			•	•	4		•	•	•	Pos	tal co	ode	<u> </u>	<u> </u>		<u> </u>
Registered place of birth										 		-	I	1	Cou	Intry	ı of bi	irth		<u> </u>			<u> </u>		Г. Г.			<u> </u>	-		F
·		l	I	L	L	I	L	I	I	I	L	I	I	1					<u> </u>	1	1	I	I	I	L	L	L	1	L	<u> </u>	<u> </u>
D. DECLARATION NOTE: Commissioner of Oath										_, he	ereby	/ dec	lare	unde	er oat	th/aff	irm 1	that	the ir							Affid	avit :	and t	he N	lotice	e of
Birth is true and correct, and I under Signature of deponent	stan	d tha	it a fa	alse	state	men	t is p	unis	hable							ths a	ind [		hs R	egist									1		
														-			- (			-,	L	L	I	1	I			L	I		

Do you know and understand the contents of this declaration?	Answer:	
Do you have any objection to taking the prescribed oath?	Answer:	
Do you consider the prescribed oath as binding on your conscience?	Answer:	·
Signature of the Commissioner of Oaths		
Signature of the Commissioner of Oaths Full first names and surname		Office stamp - OFFICE OF ORIGIN
-		Office stamp - OFFICE OF ORIGIN
Full first names and surname		Office stamp - OFFICE OF ORIGIN

	è															1E A T <b>H A</b>											I	DHA	-25			
					ACI	٢N	w	LE	DG	EM	EN			EXL Rec		E 3 PT C	)F I	NO	тіс	E (	OF	BIR	TH	I								
	,					[	Bir	ths	an	nd E	)ea	ths	Re	gis	tra	tion	Ac	t 5	1 0	f 19	992	I										
IT IS HEREBY ACKNOWLED BELOW HAS BEEN MADE BY																															τιο	N A
A. DETAILS OF THE CHILD																													<b>Heater States</b>			]
Surname														Ι											Ι		Τ	Τ				
Forenames in full				Γ											T					Τ	T	Γ	Τ	Τ	Τ		Τ	Τ	Τ			Π
Date of birth	Y	Y	Y	Y	м	м	D	D	1								Sex			T		T	Τ	T	1							
Town/City of birth												Γ				]	Prov	ince				Ī		Τ	Ī	Τ	Τ					
Country of birth																					]											
B. DETAILS OF PARENTS		<b></b>		r				r	r	T	-	T	T	٦		0.11	1			<b>—</b>	T		T	<b>—</b>	Т							
Identity No. Mother / Parent A				L						+		<u> </u>		] T		Citiz	ensi	пр		<u> </u>		<u> </u>	Ļ		<u>_</u>		4	4	╡		<u> </u>	
Surname			<u> </u>	<u> </u>					<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				L	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		4	4	ᆜ			
Forenames in full		L	Ļ								<u> </u>	<u> </u>	<u> </u>	<u> </u>						Ļ		<u> </u>	L	<u> </u>	Ļ		4					
Identity No. Father / Parent B												<u> </u>	<u> </u>	]		Citiz	ensł	nip					L								L	
Surname																																
Forenames in full																											Τ					
THIS DOCUMENT IS NOT A BIR THE NATIONAL POPULATION I																									ER	NAI	ME	IS II		UDI	ED	IN
DIRECTOR-G				D	]	-																	Offic	ce st	amp	o - O	FFIC	CE C	)F O	RIG	IN	

.

<u>.</u>	Alia.	
	24	
	¥.	•
	21.	28
- <b>N</b>	2.	9

# home affairs

Department Home Affairs REPUBLIC OF SOUTH AFRICA

PARTICULARS FROM THE POPULATION REGISTER ( 3.0.)

# UNABRIDGED

# BIRTH CERTIFICATE

IDENTITY NUMBER:

CHILD SURNAME: FORENAMES:

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

- -

MOTHER:

IDENTITY NUMBER:

MAIDEN/SURNAME: FORENAMES:

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

FATHER: IDENTITY NUMBER:

Ť

SURNAME: FORENAMES:

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

ENDORSEMENTS: REGISTERED AT PRETORIA

DIRECTOR -GENERAL: HOME AFFAIRS

UATE PRINTED:

ISSUED BY:

sRa

:OFFICIAL DATE STAME :

:

5

5

5

10 54 22

.

83:DHA

:

:

:

2

.

2

DHA-529

G.P.-S. 017-0666



# DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

**DETERMINATION OF CITIZENSHIP STATUS** 

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

Α.	PEF	RSONAL PARTICULARS
1.	SUF	NAME
З.	FOF	IENAMES (in full)
4.	DAT	E OF BIRTH
6.	IDE	
7.	lf bo	rn outside South Africa, please state-
	(a)	Date on which you first entered South Africa for permanent residence
	(b)	The period(s) (dates) of your residence in South Africa
	(C)	Number of immigration permit and date of issue
	(d)	Number of certificate of naturalisation and date of issue
8.	lf bo	rn in Namibia, please state your permanent residential address as on 1990-03-21
9.	lf yo	u were absent from South Africa state-
	(a)	Date(s) of your departure
	(b)	Reason(s) for your departure
	(c)	The date on which you returned to South Africa permanently
10.	Part	iculars in respect of foreign citizenship:
	(a)	Citizenship acquired (country) (b) Date and place of acquisition
	(c)	Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration? (Please attach copy/proof
		thereof)
	(d)	Did you apply for the retention/re-instatement of South African citizenship? YES/NO. If YES, attach a copy of the relevant certificate.
11.	Date	e of marriage of your parents
в.	MA	RITAL STATUS
1.	Plea	se furnish the following particulars in respect of your spouse:
	(a)	SURNAME (b) MAIDEN NAME
	(c)	FORENAMES (in full)
	(d)	DATE OF BIRTH (e) PLACE OF BIRTH
	(f)	IDENTITY NUMBER OF YOUR SPOUSE
	(g)	Date on which he/she entered South Africa for the first time for permanent residence
	(h)	Period(s) (dates) of residence in South Africa
	(i)	Date of your marriage
	(k)	If applicable, the date of your husband's/wife's death or your divorce
	(I)	Nationality of your spouse

This gazette is also available free online at www.gpwonline.co.za

c.	FATHER'S PARTICULARS	DHA -529
1.	SURNAME	
2.	FORENAMES (in full)	
3.	DATE OF BIRTH	4. PLACE OF BIRTH
5.		
6.	(a) If he was born outside South Africa, the date on which I	he entered South Africa for the first time for permanent residence:
	(b) Period(s) (dates) of his residence in South Africa	
	(c) Number of immigration permit and date of issue	
	(d) Number of certificate of naturalisation and date of issue	
7.	If he was absent from South Africa state-	
	(a) Date(s) of his departure	
	(b) Reason(s) for his departure	
	(c) Date on which he returned to South Africa permanently	
8.	Particulars in respect of foreign citizenship:	
	(a) Citizenship acquired (country)	(b) Date and place of acquisition
	(c) Means of acquisition of foreign citizenship, i.e. marriage, nat	uralisation, descent or registration?
D.	MOTHER'S PARTICULARS	
1.	SUBNAME	2. MAIDEN NAME
ч. З.		
4.		5. PLACE OF BIRTH
6.		
7.		the entered South Africa for the first time for permanent residence:
	····	· · · · · · · · · · · · · · · · · · ·
	(b) Period(s) (dates) of her residence in South Africa	
	(c) Number of immigration permit and date of issue	
	(d) Number of certificate of naturalisation and date of issue	
8.	If she was absent from South Africa state-	
	(a) Date(s) of her departure	
	(b) Reason(s) for her departure	
	(c) Date on which she returned to South Africa permanently	
9.	Particulars in respect of foreign citizenship:	
	(a) Citizenship acquired (country)	(b) Date and place of acquisition
	(c) Means of acquisition of foreign citizenship, i.e. marriage, nat	uralisation, descent or registration?
E.	CERTIFIED THAT THE INFORMATION FURNISHED	ABOVE IS CORRECT
	DATE	SIGNATURE
		ADDRESS
		TELEPHONE NUMBER

a such									RE	EPUB		OF SC	DUTH	1 AFF	RICA																DHA-168;
												TOF				s															
	APF	PLIC	ATI	ON	FOR		SER		N OF	UN		exure RRII		NAT	UR/	AL F	АТН	ER'	S P/	ART	ICU	LAR	S IN	и тн	E B	IRTI	H RE	GIS	STEF	ર	
										0	FA	СНІ	LD I	BOR	N C	UT	OF۱	NED	DLO	СК											
					[Sect	ion 1	1(4) a	and (	5) of	the E	Births	s and	Deat	hs R	egist	ratio	n Act	51 o	f 199	2]											
To be completed by THE BIOLOGICAL FA																			-												
required. Applications that are not parent is a non-South African citiz																			here	e one	e pa	renti	is a :	Sout	h Afr	ican	citiz	en a	nd th	ne o	ther
A. CHILD						·																									
Identity number		Τ	Γ	Γ	Τ		]	[			1	1		Τ	Ι	1															
Surname														Τ													Ι				
Forenames (in full)																															
Place of birth																					Γ						Ι				$\Box$
B. NATURAL FATHER																												-			-
Identity number		Τ	Г	Γ	1		1		1		Γ	1		Τ	Γ	1															
Surname		Î	Î	T	Ī	İ	Í		İ	Î	Î	Ī	Ī	T		Ť	Τ	Γ	1	1	Γ	1	1								ther
Forenames (in full)		T	T	İ	1	1	†		1		T	T	1	†	1	t	† –	1	İ	1	$\vdash$	T	ĺ								t of fa
Place of birth		1	1	1	1		1	<u> </u>	1	1	T	Ť	1	1	1	†	Ī	1	1		1	T	ĺ								Left thumbprint of fathe
Country of birth		1	1		1	1	1	Ī	l .		T	T	T T	1	1	T	T	İ -	<u> </u>	1	t	1	1								ft thun
Citizenship		+	+	1	<u> </u>		<u> </u>			<del> </del>	1	Pern	naner	nt resi			†	<u> </u>			┢──	<u>†                                    </u>	]								e l
Residential address Street		<u> </u>	+		+							T	<del>.</del>	pern	n it no	·	+								1	<b></b>	<del>,</del>		<u> </u>		$\dashv$
			<u> </u>	1	<u> </u>	і	<u> </u>	L	I	L	+	1 T		1		+	1	<u> </u>	<u> </u>	<u> </u>		1 T	I	1	I	1 1	<b></b>	<u> </u>	<u> </u>	r	
Town / Village					<u> </u>	<u> </u>		L		I		<u> </u>				<u> </u>		<u> </u>	<u> </u>							Cod	.e   				$\square$
Province		<u> </u>	+	┼──	+	<u> </u>				<u> </u>	┼──	I		    phor	L	-	+	<u> </u>		<u> </u>	-										
Telephone no., incl. area code		<u> </u>	<u> </u>	<u> </u>		I		I		1	1	T		Т	T	·	<u> </u>	ļ		I	<u> </u>	<u> </u>			I	] T	T	<b></b>	<u> </u>		1
E-mail address				+				I			+	+		+		+	<u></u>	ļ				+		-	<u> </u>	<u> </u>	╄┩	-	$\vdash$		Ī
Postal address Province		+	-		+						+	+		+	-		1		I	I	J	1		Post	al cod	L le	<b>I</b>		$\square$		:
C. NATURAL MOTHER	L	1	1	1	1		I	I	I	·	1	J	L	I																	
Identity number		1	1	<u> </u>	T		1	<b></b>	,		T	٦	<b></b>	T		٦															
Surname		-	1	1	1	<u> </u>	-				-			1		1	1	<b>I</b>	<u> </u>	<u> </u>	1	1	1								other
Maiden/previous surname		T	1	T	1	I	<u> </u>		I		1		I	1	<u> </u>	1			1		1	-									Left thumbprint of mothe
Forenames (in full)	<u> </u>	+	+	1							T	1	I	1	1	1	<u> </u>		1	1	1	+									pprin
Place of birth	<u> </u>	-	+	+							-	+		+			-	-	1		-										thur
Country of birth		<u> </u>	T T	1	ľ		r i			1	+	1		1	+	1	1					+									Lei
Residential address Street		1	1	1	1				I					+							-			<u> </u>							$\dashv$
Town / Village		<u> </u>	+	+	<u> </u>	I			<u> </u>		<u> </u>	1		+		1	<u> </u>	I		I	<u> </u>	1		<u>†</u>		Cod			$\square$		H
Province					1				I		1	+						I	[	I				+	I						$\dashv$
Telephone no., incl. area code		1			<u> </u>	I			I				Cel	I phor	l ne no	<u> </u>		I			I	<u> </u>		<u> </u>							
E-mail address		r	<u>†</u>	T	1	<u> </u>	<u> </u>		I		, T	1	Г	T	T	-	t				<u> </u>	1		T		, 					
Postal address		T		† T					1		†	† T		1	1	1	<b>†</b>				1			$\frac{1}{1}$	<u> </u>		H		$\square$		H
Province			1	1		1			1			Î		T	1	1	1							Post	al cod	e					Ħ
D. DECLARATION BY NATURAL FAT	HER																														
I, the undersigned, hereby declare that:																															
I am the person whose particulars app	ear u	ınder	B ab	ove a	ind th	at the	e parti	icular	s furr	nishe	d are	true	and c	orrec	:t;																
<ul> <li>I am the natural father of the child refe</li> </ul>	rred	to in /	A abc	ove; a	nd																										
I wish to be recorded as the natural fat	her c	of the	said	child	in his	/her	birth r	egist	er.																						
<ul> <li>I understand that a false statement is presented and the statement is presented and the statement is presented and the statement is presented as a statement</li></ul>	ounis	hable	e unde	er se	ction 3	31 of	the b	irths	and c	leath	s Re	gistrat	ion A	ct 51	of 1	992.															
Signed at			on ti	his				_ day	of_																						

Signature \_\_\_\_\_

E. DECLARATION BY	NATU	JRAL	. мо	THER	ł																															
I, the undersigned, here	eby deo	clare	that:																																	
I am the person whose	e parti	icular	s app	bear u	inder C	C ove	erleaf a	and th	hat th	e par	ticul	ars fi	urnis	hed a	are	true a	and	corre	ct;																	
I am the natural moth	er of ti	ne ch	ild re	ferred	to in /	A ov	erleaf;	and																												
I have no objection to	the na	atural	fathe	er refe	erred to	o in <b>I</b>	B overl	eaf b	eing	recor	ded	as th	ne na	tural	fat	her in	ı my	child	l's bi	rth re	egiste	er.														
I understand that a fa	lse sta	teme	ent is	punis	hable	unde	er secti	on 31	l of th	ne bir	ths a	and c	death	is Re	gist	tratio	n Ac	t 51	of 19	992.																
Signed at					(	on th	nis				day	of																								
Signature																																				
F. DECLARATION BY	ном	e Afi	FAIR	S OFI	FICER	(in (	capaci	ty as	Corr	nmiss	sion	er of	Oat	hs e	x of	ficio	)																			
I certify that before a	Iminist	ering	the o	oath/a	Iffirmat	ion,	l asked	d the	depo	onents	s the	e follo	owing	) que	stic	ons ar	nd w	rote	their	ans	wers	in the	ir pre	sence	e:											
a) Do you know and un	derstar	nd the	e con	tents	of this	dec	laratior	1?																					]							
Father:							Mothe	er:																												
b) Do you have any obj	ection	to tak	king ti	he pre	escribe	d oa	ath?																Offi	ce Sta	mp											
Father:							Mothe	er:																												
c) Do you consider the	prescri	bed c	oath t	o be l	binding	, on	your co	onsci	ence	?																										
Father:							Mothe	r:																					_							
																										Of	fice st	amn								
I certify that the depo	nents i	nave	ackn	owled	aed th	at th	ev kno	w an	d unc	lersta	ind t	the c	ontei	nts o	f thi	s dec	lara	tion	whicl	h wa	s sw	orn to	affirm	hed b	efore				enone	ents'	siona	lures	or			
thumbprints were place											pone	ents.			-						T	T				T									-	1
												Surr		<u></u>		_	_	_			<u> </u>					<u> </u>	<u> </u>	<u> </u>	+	+	<u> </u>	<u> </u>	╞	╞	<u> </u>	
	Comm	ISSIOI	ner o	r Oatr	15						FC	orena	ines	<u> </u>	+	_	+	_								<u> </u>	<u> </u>	<u> </u>	+	$\frac{1}{1}$	+	<u> </u>	╞	+	1	ĺ
	Des	ignati	ion (F	Rank)						c	office	e ado	iress	-	T	+												1	$\frac{1}{1}$	+	+	1	$\square$	┢		
															L															I						J
										F	Pers	al No	)																							
G. FOR OFFICIAL USE	ONLY	( - OF	FICE	E OF (	ORIGII	v																DOC	UME	NTS	SUB	MIT	ED 1	NITH	THIS	S API	PLIC		ł:			
APPLICATION RECEIV	ED B	<i>(</i> :																				PLE	ASE	гіск	Ø											
																							Origi	nal P	aterr	nity te	est re	sults	, whe	re ap	plicat	le				
Sumame																					]		Proo	f of p	aym	ent										
Forenames in full																					]		Copy													
Persal no.																							Copi perm							cume	nt(s)	s / pas	spor	t(s)/		
																							DHA													
																															autho gister		inclu	ision o	of	
Signature								C	ate		Y	Y	Y	Y	1	ии	М	D	D				Othe	, spec	ify											

# STAATSKOERANT, 26 FEBRUARIE 2014

												F SC																			Dł	IA-59
												Anr	nexu	ire 7																		
(T)		AF	PL	-IC	AT	101	١F	OF															DF	PA	١R	EN	IT:	s c	)F			
									A	СН	ILC	) B	OF	٢N	ou	Т	DF	WE	EDI	LO	СК		_									
			[	Sec	tion	11(	1) of	fthe	Bir	ths	and	Dea	ths	Re	gistr	atio	n A	ct 5	l of	199:	2]											
			[Or	ıly f	or us	se b	y th	e na	atur	al pa	arer	its a	nd i	f leg	gally	ma	rried	d to	eac	h ot	her]											
The form to be completed in BLACH		<b>K</b> with	n BL	оск	LET	TEF	RS. A	pplic	catio	ns th	at ar	e not	legi	ible s	shall	not b	e ac	cept	əd.							E	Bar	Co	de			
A. I, MOTHER / PARENT A																																
Identity number							]					]				]																
Passport No.										<u> </u>		<u> </u>						·····			·		•									her
Surname		<u> </u>		<u> </u>						L	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>		ļ									Left thumbprint of father
Previous/Maiden surname		<u> </u>		<u> </u>							<u> </u>			<u></u>	<u> </u>					<u> </u>	L		]									print
Forenames (in full)	<u> </u>	<u> </u>		<u> </u>								<u> </u>		<u> </u>		<u> </u>				<u> </u>			ļ									humb
Residential address Street	<u> </u>	<u> </u>								-		<u> </u>		-		I 1	L	ode					] 1									Left t
Town/Village											1	L		I ince	_	] 		oue		-			l l									
Telephone no.		-							-	I		г <sup>г</sup>		T									l l									
E-mail address		L								L		I		I	I					I			J	L								_
B. AND I, FATHER / PARENT E	s r						1		r			1				1													-			_
Identity number	ļ		L				 							<u> </u>		] 1																Jor
Passport No.	name by the second seco																															
Surname Forenames (in full)		╞								-	-			╞	-	 							1									rint oi
Residential address Street						_								<u> </u>	-						<u> </u>		ן ו									Idqui
Town/Village		<u> </u>												-		1	C	ode					1									ft thu
Telephone no.		Ē									1	F	rovi	ince		Í							i									Le
E-mail address											Ĺ												ĺ	L								_
C. WE ARE THE NATURAL PA	REN	ITS	OF '	THE	FOL	LLO	WIN	IG C	HIL	D (E	BOR	NO	UT	OF \	NED	LOC	ск)															
Identity number												]						I	Date	e of b	birth	Y	Y	Y	Ţ	6	Г	М	М	٢	D	D
Registered Surname																								Ι	Γ	T	Ī		T	Ī		
Forenames (in full)																											Τ		Т	Т		
Place of birth																											Τ			П		
We have been married to each o					Y	Y				Μ		_												certif		te is	en	clos	ed.			
We therefore apply for the amen															terr	ns c	rse	cuor	111	(1) 0	TAC	[5]	OT	1992	•							
D. PREVIOUS CORRECTIONS Please indicate any previous cor																-	foro		. d		fhi	+h /		dor)			ah.				<b>L</b>	
particulars of the applicant's pare			01 6	iller	allon	5 10	uie	app	lical	11.5 4	aru	Julai	5 (1.	C. 31	Jina	me,	Iorei	am	e, u			ui, ş	Jen	uer)	01	any	CIIC	ange	:5 10	Suc		
Previous particulars				F	Partic	cula	rs af	ter o	corre	ectio	n or	alte	ratio	n		Date	e cor	rect	ed o	or alt	ereo	ł	R	leaso	on t	for c	orre	ectio	on or	alte	eratio	on
															-								-									
E. DECLARATION																																
We declare under oath/solemnly	tha	t the	par	ticul	ars g	iver	n ab	ove	are	to th	e be	est o	f ou	r kno	owle	dge	and	beli	ef tri	ue a	nd c	orre	ct.									
We understand that a false state	mer	nt is	puni	isha	ble u	nde	r se	ctior	n 31(	(1) o	f the	e Birt	hs a	and	Deat	ths F	Regis	strat	ion /	Act 5	51 of	199	92.									
Signature of fathe	r									S	igna	ture	of n	noth	er																	
											Ū																					
COMMISSIONER OF OATHS								'																								
1. I certify that before administer	-								he d	ероі	nent	s the	e foll	lowir	ng qi	Jest	ons	and	wro	ote th	ieir i	ansv	ver	s in t	hei	r pre	se	nce				
a) Do you know and understand	the	cont	ents	oft	his d	lecla	aratio	on?																								
Father:	toki		-		had	++								IVIO.	iner:																	
b) Do you have any objection to Father:	аки	ng tr	e pr	esci	bed	oatr	1?							Mo	ther																	
c) Do you consider the prescribe	d or	ath te	- h he	bind	tina i	on v	our	cons	scier	nce?	,			NIO	uiei.																	
Father:	-	201 0		2		,	00.	0011	00101					Mo	ther:																	
2. I certify that the deponents ha		ackn	owle	adae	d the	at th	ev k	now	and	tun	ders	tand	the														rme	ad h	efore	me	and	
the deponents' signatures and th													uie	CON	tent	5 01	1113	ueci	arat		VIIIC	1 wa	15 3	WOIT	1 10	ann	ine		51010	: me	anu	
																									<b></b>							
									urna															<u> </u>	Ļ	1	4		4	4		
						_			enar	i								_						<u> </u>		+	4	4	<u> </u>	4	4	4
Signature of Informa	nt					Βι	usine	ess a	addr	ess								_						<u></u>	Ļ	╇	╪	4	+	┿	+	-
											L			I									l		I							
Commissioner	of	Oath	s																													
																										0	ffice	e sta	amp			
Designation (F	Ran	k)																														
1																																

G. FOR OFFICIAL	USE ONLY - OFFICE OF ORIGIN	DOCUMENTS SUBMITTED WITH THIS APPLICATION:
APPLICATION RECE	IVED BY:	PLEASE TICK 🗹
Surname		New DHA-24 form
Forenames in full		Marriage/customary/civil union certificate or affidavits
Persal No.		from family members if applicable Copy of child's birth certificate
Date	Y Y Y Y M M D D	Death certificate (if applicable)
		Other, specify
Signature		Attached print out of online verification
H. HEAD OFFICE	USE ONLY	
APPLICANT APPR	OVED BY:	
Surname		Status: Approved Rejected
Forenames in full		
Persal No.		
Date	Y Y Y Y M M D D	Signature

														FRIC AFFA															DHA-8
			ļ	APF	니	CA	TIC	N			ure 8 AL		RA		) N	OF	F	OR	EN	NAM	ES	5		Г					
				[Se	ctior	1 <b>24</b>	oftl	he E	Birth	ıs a	ınd C	Deat	ths I	Regis	strati	ion	Act	51	of 1	992]						Ba	r Co	de	
The form to be completed in BLACK INF	( with B	LOCK		ERS.	Applic	atior	ns that	are	not le	gible	e shal	ll not	be ac	cepte	d.									_					
APPLICATION FOR THE ALTER								5)			]			<u>0R</u>	FOR	TH	EF	OR	ENA	ME(S	5) 0	FMY	СН	ILD				]	
A. PARTICULARS OF THE API	PLICA	NT (	Curre	nt fo	orena	ame	es)																						
Identity number	ГТ	Т	Т		Π						1	<b>—</b>	Τ									Г							
Surname	Π	T			П						Ť	Г	T		Τ					П									ant inor)
Forenames (in full)		Τ									Ι		Γ															:	applic it if m
Date of birth	Y	Υľ	YY	]	М	Μ		D	D																			•	Lett thumbprint of applicant (thumbprint of parent if minor)
Place of birth (Town)																													int of
Residential address Street											<u> </u>		<u> </u>															:	unt tru
Town/Village		_									L	L	L			Co	ode		L										(‡n
Telephone number	$\square$	+									<b>F</b> .		_	<del>, ,</del>						<del></del>		Ļ	_						
Cell phone number		+	-					_			Fax T	Ϋ́Τ	<u> </u>		_				[										
E-mail address									<u> </u>	<u> </u>	<u> </u>	<u> </u>	1																
B. PARTICULARS OF CHILD (	urren	T	renam	ies)	(con	iple	ete ol	niy I	пар	plic	cabl 7	e) [	T				r	Detr	o of	birth	Y	Y	Y I	γÌ	Г	N I	Л	D	D
Surname	H	+	$\frac{1}{1}$								<u> </u> 	-					_				+	+	+	<u>-</u>	Ļ		<u> </u>		
Forenames (current, in full)	H	+	+								<u> </u>	$\frac{1}{1}$	$\frac{1}{1}$	$\exists$	+	$\neg$				++	+	+	+	$\pm$	+	+	+	$\frac{1}{1}$	Ħ
			T								1	Ī													T	T		T	$\Box$
Place of birth		Т																						Τ	Τ	Τ			
Relationship to the child	N	lothe	er/ Par	rent /	A			Fatl	her/F	Pare	ent B	3		]Nex	t-of-l	kin			Leç	gal gu	ardia	an (A	ttaci	h pro	o fo	f gu	ardia	nship	)
C. STATE THE FORENAME(S)	IN FU	LL A	AS IT S	ѕно	ULD	BE	AFT	ER	AL	TEF	RATI	ON	:																
										L	L																	1	
Signature of applic	ant			-											C	Date	sigi	ned	Y	Y	Y	Υ	[	MN	N		D		
D. PREVIOUS CORRECTIONS	OR A	LTE	RATIC	ONS	тои	PP	LICA	NT	'S P	AR	TICL	ULA	RS																
Please indicate any previous cor changes to such particulars of th						he a	applic	ant	's pa	artic	ulars	5 (SL	ich a	as sur	nam	e, fo	oren	am	e, pl	ace o	fbirl	h, da	ate o	f birt	h, ge	ende	r) or	any	
Previous particulars						s af	ter co	orre	ction	n or	alte	ratic	on	1	Date	cor	rect	ed o	or all	tered		Rea	son	for c	orre	ctio	n or a	ltera	tion
									,									- <u>-</u>			_								
																					-								
			+																		+								
E. FOR OFFICIAL USE ONLY -	OFF	CEC		IGIN	1									L															
APPLICATION RECEIVED BY:																ſ													
Surname														Π															
Forenames in full												Γ																	
Persal No.					]																								
Date Y Y Y	Y	ĥ			D	D																							
DOCUMENTS SUBMITTED WITH	THIS A	PPL	ICATIO	ON:												L						Offic	ce Si	tamp	)				
Proof of payment										Pro	of of	lega	al gua	ardian	ship (	(if ap	plica	able	)										
Copy of applicant's birth certific	ate							Ī	_		er,sp																		
Copy of child's birth certificate (																													
Copy of permanent residence of applicable)	ertifica	te (if							Sigr	natu	ire																		
F. HEAD OFFICE USE ONLY																													
Application approved by:																													
Surname														]	Statu	JS:		Арр	orov	ed [		R	Rejec	cted					
Forenames in full		Ι												]															
Persal No.	Щ	Ļ		ĻIJ	 									-															-
Date Y Y Y	Y	Ν	M		D	D															Sigr	natur	е						

AL SHE M													DUT																DHA	-193	
								DEF	PAR	тме	NT	OF	HON	NE A	\FF/	AIR	5										Ba	rcod	e		
									Anr	nexu	re 9	1																			
			Δ	DD	LIC	ΔТ				<b>&gt;</b> ^	і т	FR	ΔТ			٦E	911	PN			OF	м	ы	P		•					
A DESCRIPTION OF			~		Secti																	IVI		Л							
												Jeat		.egia					130	<u> </u>											
This form MUST be completed in BLACI	K INH	< with	BLC	DCK	LETT	ERS.	. Арр	licatio	ons th	nat ar	e no	legit	le sh	all no	t be	acce	pted.														
A. I, *FATHER / MOTHER / LEC	GAL	GU	ARI		N (* 0	circl	e wl	hich	is a	appl	icat	ole) 1				,								,	<b></b>		,	<b></b>	<b></b> 1		
Identity number																	Date	ofl	birth	Y	Y	Y	Y		М	M		D	D		
Surname																															
Forenames (in full)																											L				
Place of birth																															
Residential address Street																															
Town / Village																										]Co	de				
Telephone no., incl. area code											Cel	lphor	ne nu	mbe	r											Pro	vinc	e			
E-mail address																															
Postal address																															
Province																	]							Pos	stal o	code	)				
OF THE CHILD																															
Identity number				Γ								1				1	Date	oft	oirth	Y	Y	Y	Y	]	М	М	1	D	D		
Surname				Γ								Í				İ	Γ						<u> </u>	İ			İ				
Forenames (in full)				Γ													Ī	<u> </u>										F	П	T	7
Place of birth				T												<u> </u>	Ē	Ē	<u> </u>							Ì	1			一	ゴ
do hereby apply that his / her s	surr	ham	e be	alt	ered	to:										L			L				•					L	LB		
																											<u> </u>	<u> </u>	П	Т	٦
B. THE REASON FOR MY APP	I IC			IS A	S FC		ows	<u></u> γ. Ρ	leas	e in	dica	ate v	vith	 a		1	the	e rea	ason	wh	ich	is a	pplig	abl	e				<u> </u>		
My child was born of															er th																
The marriage with the																															
As a widow / divorce	e I i	resu	med	d my	, mai	den	surr	nam	e/p	revi	ous	mar	ried	surr	am	е															
The birth of my child surname	out	t of v	vedl	ock	has	beei	n reg	giste	red	und	er th	ie su	ırnar	ne c	of hi	s/he	r nai	tural	mot	her	/ fatl	ner a	and	l wis	h fo	r hin	n/he	r to a	assu	me r	ıу
I am the guardian of	the	min	ior (f	for th	e pur	pose	e of t	his s	ectio	n "gi	Jardi	an in	clude	es ar	ıy pe	ersor	1 who	has	in la	w or	in fa	ct cu	ustod	y or	conti	rol of	the	child	)		
Signature of father / mot	her	/ au	ardi	an	•											<b>D</b> - 4				I	V	V	Y	V		NA	М	1	D		
Signature of fattler / Thot		, yu	arule	an												Dat	e sig	gned	1		T	T	ľ	Ţ		М	IVi	1	U	U	

Previous particulars				F	Parti	cula	rs a	fter	corr	ectio	n oi	alte	ratic	n		Date	e co	rrec	ed o	or al	tere	d	R	eas	on fo	r co	rrec	tion	or alte	ration
				-																			+							
D. CONSENT OF BIOLOGICAL I, BIOLOGICAL FATHER	. FA	THE	3R (	com	plet	e if	app	lica	ble)																					
Identity number							]					]				]	Date	e of I	oirth	Υ	Y	Y	Y	]	Μ	М	]	D	D	
Surname												<u> </u>										<u> </u>								
Forenames (in full)		Ļ	Ļ	<u> </u>				ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>		Ļ		<u> </u>	<u> </u>			L	<u> </u>	<u> </u>	<u> </u>	Ļ		<u> </u>		<u> </u>		
Place of birth		Ļ	Ļ	<u> </u>		L		<u> </u>	<u> </u>	<u> </u>		L	L	L			<u> </u>	L	L		L	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>			
Residential address Street			L	<u> </u>		L			<u> </u>			<u> </u>		L		<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>				Ļ	1			
Town / Village								1		L	L	<u> </u>				<u> </u>	L								1		de			
Telephone no., incl. area code											Ce	lphor	ne nu	imbe	r											Pro	ovin	ce		
E-mail address																														
Postal address																														
Province																	]							Po	ostal	cod	е			
OF THE CHILD																														
Identity number		Γ	Г	T			1	<b></b>	Γ	T	<u> </u>	1		<u> </u>	<u> </u>	1	Date	e of I	oirth	Y	Y	ΓY	ΤY	٦	М	М	٦	D	D	
Surname		T	T	T				<u> </u>	T	T			L										T	Γ	T	T	<u>_</u> T	1		T
Forenames (in full)		Ē	Ī	Ť						T													T	T	T	Ī	T			
Place of birth		Γ	Τ						Γ	Г	Γ_	Ι					<b></b>					Τ	Т	Т	Т	Τ	Т	Τ		
do hereby consent that his / h	er s	urna	ame	be a	alter	red	io:																		-					
Signature o	f bio	ologi	cal f	fathe	r			-							Da	te si	gneo	ł		Y	Y	Y	Y	]	М	M	]	D	D	
E. FOR OFFICIAL USE ONLY -	OF	FIC	E OI	F OF	lGII	N																				UBN	лтт	ED W	т нт	HIS
APPLICATION RECEIVED BY:									_													AP	PLIC	CATI	ON		_			
Surname		L	Ļ							Ļ			<u> </u>	<u> </u>				]				PL	-	ETI		4	-			
Forenames in full		Ļ	<u> </u>	<u> </u>														J					_		f child			ertific	ate	
Persal No.	Y		Ļ		М	 1		D	٦ ٢														4		f pay f mot			ntity d	ocume	nt
Date Y Y	1	Y	]	IVI	IVI			10	]														_						n cons	
																						L	_(af	fidav	rit) (if	appl	icab	e)		
Signature									-		F	Rank												py o olical		rath	ers	identi	ty doc	ument (
										1				~ ~	cus	ody (	(if ap	plica	ble)				]co	py o	f mar	riage	ecer	tificat	e (if ap	plicable
Office stamp											ume	entary	/ pro	01 01				-										ate o		
Office stamp										1		entary der (			ole)			-									ertific		DIOIO	gical fat
Office stamp										]coi	urt oi	der (	if ap	plical									](if :	appli	cable					
Office stamp										]coi	urt oi	-	if ap	plical									](if : ]Co ]	py of	cable f divo	rce	orde	r (if aj	oplicat	le)
Office stamp										]coi	urt oi	der (	if ap	plical									](if : ]C₀ ]C₀	py of	cable f divo f biolo	rce o	orde al fat	r (if aj ner's	oplicat	ile) / docum
										]coi	urt oi	der (	if ap	plical									](if : ]C₀ ]C₀	py of	cable f divo f biolo	rce o	orde al fat	r (if aj ner's	oplicat	ile) / docum
F. HEAD OFFICE USE ONLY										]coi	urt oi	der (	if ap	plical			Sta	tus		Apr	Drov	ed	](if : ]C₀ ]C₀	py of	cable f divo f biolo fathe	rce o	orde al fat onse	r (if aj ner's	oplicat	ile) / docum
F. HEAD OFFICE USE ONLY APPLICATION APPROVED BY:										]coi	urt oi	der (	if ap	plical			Sta			Apr	Drov.		](if : ]C₀ ]C₀	py of	cable f divo f biolo fathe	orce o ogica r's c	orde al fat onse	r (if aj ner's	oplicat	ile) / docum
Office stamp  F. HEAD OFFICE USE ONLY  APPLICATION APPROVED BY:  Surname Forenames in full										]coi	urt oi	der (	if ap	plical			Sta	tus		App	brov	ed	](if : ]C₀ ]C₀	py of	cable f divo f biolo fathe	orce o ogica r's c	orde al fat onse	r (if aj ner's	oplicat	ile) / docum

r														
al site la							BLIC							DHA-462
					JEP.	ARI			exure		: AFI	FAIr	13	
							A	nne	xure	10				
	_					_					_			
AFF	DAVIT													HILD BORN OUT OF WEDLOCK
			[Section	25(2	) of 1	the I	Births	and	d Dea	ths	Reg	istra	ation	Act, 1992]
The form to be completed in black ink with	BLOCK LE	TTERS	<ol> <li>Applicati</li> </ol>	ons th	nat ar	e not	legible	sha	ll not b	e ac	cepte	d.		
I,(full names and surname of fathe	er)	······	 T		 г		·····		 		 T		 ¬	
Identity number / Passport number					l					L				
and I,(full names and surname of	mother).		·····			·····	·····		 		·····		 	
Identity number / Passport number					l					L				
We are the biological parents of (	ull name	s and	present	surn	ame	of t	he ch	ild):		••••		•••••	•••••	
Identity number(child)														
born out of wedlock at(birthplace)														on YYYY MM DD
														the Births and Deaths Registration Act, 1992
(Act No.51 of 1992).		••										(-	-,	
(														
Signature of father												Si	ianai	ture of Mother
-	lated or		irmod to					k	ath a				-	
NB: This affidavit must be com	Jeleu an	iu an	inneu to	5111	uita	neo	usiyi	JYL	Jourie	Jiu	ie pa	aren	115.	
-	-						epone	nts	the fo	ollov	ving	que	stior	ns and wrote their answers in their presence.(Mark with X):
(a) Do you know and understand	he conte	bts of	f this dec	larati r	ion?	r								
Answer: Father Yes	No		Mother		Ye	s	No							
(b) Do you have any objection to t	aking the	pres	cribed oa	ath?										
Answer: Father Yes	No		Mother		Ye	s	No							
(c) Do you consider the prescriber	d oath to	be biı	nding on	your	con	scie	nce?							
Answer: Father Yes	i No	7	Mother	F	Yes		No							
2. I certify that the deponents have ac	knowledge	ed that	they know	w and	l und	ersta	and the		ntents	of ti	his de	eclar	ation	which was sworn to affirmed before me and the
deponents' signatures/thumb prints.	marks wei	re plac	ced thereo	on in r	ny pi	reser	nce.							
NB: Where thumbprints or marks	are heinr	n take	n it mus	t he r	certif	fied	at all f	time	20					
	are being	y lake	an it mus		Joran	<i>,</i>	atan	unne	55.					
														Departmental stamp
Commissioner of Oaths	•••••	•••••	•••••											Departmental stamp
Designation														
Official's full names and surname								•••••				•••••	•••••	
Official's persal number			•••••											
Business address:														
Dusiness address:		•••••	•••••	•••••	•••••	•••••				•••••	•••••	•••••	•••••	
	•••••													
Date														Area

No. 37373 53

AL 142 MA								R	EPU	JBLI	со	FS	сл	ΉA	FRI	CA														DH	<b>\-196</b>		
								DEF	PAR	TME	ENT	OF	ноі	ME /	4FF/	AIRS	S																
A. I, hereby apply to assume the following sumame 																																	
( AT)									An	nexu	ire 1	1														l							
		AP	PL	ICA	<b>ATI</b>	ON	FC	R	AU	ITH	IOF	RIT	۲Y	го	AS	su	IME	ΞA	NC	)TH	IEF	R	sui	RN	٨N	٨E							
				[	Sect	ion 2	26 <b>o</b> f	the	Birt	hs a	nd [	Deat	hs F	Regis	strat	ion /	Act 5	i1 o	f 199	92]													
				~~~								1		- 11				<b>.</b>										e . 1					
fee for printing of each new certificate.		K witi	n BL		LEII	ERS	. Арр	licatio	ons tr	hat ar	e not		ne sn	alino	ot be	acce	pted.	On a	ppro	val of	аррі	lica	tion, ti	ne ap	oplica	ant	WIII D	e liat		o pay	the pr	escribe	3
<b>A.</b> I,																			here	ebv a	Inda	v to	ass	ume	e th	e fo	ollow	vina	sur	nam	e		
		Ι		Τ	Τ		<u> </u>								Γ		Γ	<u> </u>	Γ	T	<u> </u>	T	Т	Т	Т	T				Τ			
Reasons for my application: Plea	ase t	tick [	√]the	e CO	RRE	CT b	oox		Cha	ange	in m	arital	stat	us		Ass	ump	tion	of bio	ologia	cal fa	athe	er's s	urna	me								
									Pro	tectio	on of	Witr	ness	i.t.o	Witn	ess I	Prote	ctio	n Act	, 199	98 (A	Act I	No. 1	12 o	f 19	98)	[Atta	ach r	eleva	ant re	quest	letter]	
B. PARTICULARS OF APPLIC	ANT	г																															-
Identity number							]					]				]	Date	of	birth	Y	Y	$\square$			· []	M	М		D	D	]		
Present surname																						]										ant	
Forenames (in full)																						]										applic	
Place of birth																						]										brint o	
Residential address Street																						]										lqunq	
Town / Village																] c	ode															Left	
Telephone no., incl. area code											]	Ce	ell ph	none	no.								Τ	Τ									
E-mail address						l																											
Postal address						<u> </u>	L																										
Province		I		1	l	l	l	L								L	J							P	osta	al c	ode	1		I			
C. I also wish to include in my ap	plica	ation	ı my	spo	use a	and i	minc	or ch	ildre	en, w	hos	e pai	rticu	lars	of b	irth a	are a	s fo	llow	s (co	mpl	lete	only	/ if a	ppl	ical	ole):						
PARTICULARS OF SPOUSE	resent surname prenames (in full) ace of birth besidential address treet Town / Village Cell phone no. Cell phone no. Cell phone no. Province Province Province Province Determine the province only if applicable): CARTICULARS OF SPOUSE entity number aiden surname Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Determine Det																																
Identity number																]	Date	ofl	birth	Y	Y	)	ΥY		1	Ν	М		D	D	]		
Maiden surname																						]											
Forenames (in full)																																IO IN	
Residential address Street																																udamn 6	
Town / Village																c	ode														- -	spous	
Telephone no., incl. area code				Γ								Ce	ll ph	one	no.							Т	Т	Τ	Т	٦							
E-mail address		Γ	Γ	Τ			[							<u> </u>	<u> </u>				Γ			Г	Т	Т	Т	T							
Postal address			1	Т					<u> </u>						[							Т	T	T	T	T		÷		 			
Province				T													1					<b>.</b>		P	osta	nl co							
D. PARTICULARS OF CHILDR	_	(onl	y m	inor	bio	logi	cal o	or ac	dopt	ed o	hilo	iren	ma	y be	inc	lude	ed)																-
Forenames in full a	nd s	urna	ame						D	ate d	of bi	rth					Pla	ace	of b	irth			Τ	den	tity	nur					lable	, birth	٢
																	<u> </u>										ent	ry n	umt	ber)			$\neg$
			· · ·																														$\neg$
																																	┥
																							-										۲
																							+										۲
L							·								L						÷												-
		10-	olia															010			f e -	<u></u>		0-	lic	<u></u>							
Signatu	re o I						1				<b>.</b>			,				_					se (if		_	iDIE	9						
Date signed Y Y Y Y		М	М	1	D	D					Dat	e siç	gnec	1	Y	Y	Y	Y	]	M	М		D	C									

E. PREVIOUS CORRE	CTIONS OR ALTER	RATIONS TO APPLICANT'S	PARTICULARS		
Please indicate any prev	vious corrections or	alterations to the applicant's	particulars (such	as surname, forename, place of	birth, date of birth, gender) or any
Previous particulars		Particulars after correctio	n or alteration	Date corrected or altered	Reason for correction or alteration
F. FOR OFFICIAL USE	ONLY - OFFICE O	FORIGIN			CUMENTS SUBMITTED WITH THIS
APPLICATION RECEIVED	BY:				LICATION
Surname				PLE	
Forenames in full					Proof of payment
Persal No.					Copy of applicant's identity
Rank					Copy of applicant's permanent residence permit (if applicable)
Date	YYYY				Copy of wife's identity document (if
Signature			Office stamp - C	Office of origin	applicable) Copy of child / children's birth certificate(s) (if
					applicable)
					Marriage certificate (if applicable)
 		•			Other,specify
G. FOR OFFICIAL USE	ONLY - HEAD OF	FICE			
RECOMMENDATION:	Recom	mended Not rec	ommended		
Surname					
Forenames in full					
Persal No.			Date Y Y	Y Y M M D D	
Signature		Rank			
		,			
DECISION:		Approved Refu	sed Reason	for refusal	
Surname					
Forenames in full					
Persal No.			Date Y Y	Y Y M M D D	
Signature		Rank			

							REF		BLIC C	E SO	ידווכ	ΗΔ	RIC	Δ													DH	IA-526	
AL SHELL									TMEN						s												5	14-020	
											re 12				•														
				PI I	CA	тю		76	R VEF				N (	2111	DD	E	ME	ΝТ	<b>л</b> т		,			Г					
									ION												•					_	<b>.</b> .		
																								L	E	Bar	Code	е	
The form to be completed in black in		DI OOM							ths an				-		n A	ct 5	1 01	199	2]										
A. INSTRUCTIONS:	K WIUT	BLOCK	LEII	ERS	. App	lication	is that	are	not legi	DIE SI		лье	accep	leu.															
		at he el	Itorod	in 10		m of a		-	lor ho	aha			plata	and	eige	the	enni	Inoti											
1. If the person whose particula																													
2. If the person concerned is un																					matio								
<ol><li>To verify, supplement or rect issue of the particulars sought to</li></ol>									ne corre	et pa	nicui	aisi	nusti	Je su	ווווסנ	ueu	loge	liner	with	tne a	apping	auo	n ic	orm	with	in se	vena	aysor	
4. The person concerned should	i appl	y for a	new i	denti	ity do	cume	nt at tl	he	nearest	Regi	onal	or D	istrict	Rep	rese	ntati	veo	f the	Dep	artm	ent o	of Ho	ome	Af	fairs				
THIS APPLICATION IS FOR	R MY	SELF			]	<u>0R</u>	FO	RI	MY MI	NOR	сни	LD		Ε															
I HEREBY APPLY TO VER	FY, S	SUPPL	EME	INT	OR	RECT	FIFY '	тн	E FOL	LOV	VING	F P A	RTIC	UL	ARS	5:	(ple	ase											
Surname Rectification				Dat	te of	birth	Recti	fic	ation				Sex								ation the b					ncorr	ect pa	rents	
Sex description (in terms	s of S	Section	2 Ac	ct		Π.	Daran	te'	particu	ilare	i		Fore	nan		ecti	ficat			<u> </u>	1					stific	ation		
49 of 2003)							aren		parace							ecu	nca				l' la				T.e.	June	auon		
B. REASON FOR CHANG									and over	lone	liona	Libe	"		- I" -					14						-			
Briefly give your reasons for be processed.	appi	cation	. 100	1 ma	y no	t write	one	w	Juext	lana	uons	пке	e per	sona	arc	пр	role	SSID	nar	. пу	oua	0, y	our	ap	plic	auor	canr	101	
Note: Your reason is taken i	nto a	ccoun	t whe	en co	onsio	dering	your	ap	plication	on. Y	ou w	/ill b	e req	uest	ted	to pr	ovic	de de	ocur	nen	tatio	n to	sul	bst	antia	ate y	our		
reason.																													
C. CURRENT PARTICULA	RS O	F APP	LICA	NT																									
Identity number	Г	Т	Т	<u> </u>			Г	Т		Γ				7	(	Date	ofb	birth	Y	Y	Y	Y	1	Γ	M	М		D	
Surname	Ē	+	†	İ		H		ή		İ	i i			╡		1						-	ŕ	Ť	+	╡	Ť	ヿ	
Forenames (in full)	ĥ	+	+				-	+		+				+	_		_						F	+	+	+	+	++	
	F	+	+					+		+				+	_						-	-	+	+	-	+	+	+	
Place of birth	Ļ	_					_	-	_	<u> </u>				-									-	+	_	_	+	+	
	reet		<u></u>					4	_	<u> </u>				_									<u> </u>	1		_		+	
Town / Vil	age		<u> </u>					_		<u> </u>														Co	de	_ <u>_</u>			
Telephone no., incl. area co	de [									Ce	l pho	one												Pro	vinc	e			
E-mail address	L																												
The particulars are erroneo	usly	record	ded a	IS:																									
	[																												
The correct particulars mus	t be	as foll	lows	:																									
	Г	T	T				Т	Т	T					T								<u> </u>	Г	Т	Т	Т	Т		
								_																					
These correct particulars m	ust b	e refl	ected	d in t	the l	Birth	Reai	ste	er and/	or Id	enti	tv D	ocu	men	ıt.								I	-L-					
These correct particulars m												ty C	ocu	men	ıt.								I						
D. CURRENT PARTICULA												ty C		men			- ( )						ı 						
D. CURRENT PARTICULAR												ty C		men		Date	of b	birth	Y	Y	Y	Y	]		M	М	D	D	
D. CURRENT PARTICULA												ty C		men		Date	of b	oirth	Y	Y	Y	Y	]		M	M	D	D	
D. CURRENT PARTICULAR												ty C		men		Date	of b	birth	Y	Y	Y	Y	   		M	M			
D. CURRENT PARTICULAR Identity number Surname												ty C		men		Date	of b	birth	Y	Y	Y	Y	]		M	M			
D. CURRENT PARTICULAR Identity number Surname												ty C		men		Date	of b	birth	Y	Y	Y	Y				M			
D. CURRENT PARTICULAF Identity number Surname Forenames (in full)												ty C		men		Date	of b	birth	Y	Y	Y	Y			M	M			
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth	RS O				D (c	:ompl	ete o		y if ap	plica	ble)			men		Date	ofb	birth	Y	Y	Y	Y				M			
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r	RS O				D (c		PPLIC		y if ap	ART	ble)	LAR	s										] [ [					r any	
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION	RS O	F MIN			D (c		PPLIC		y if ap	ART	ble)	LAR	s										] ] ] dat				D D D D D D D D D D D D D D D D D D D	r any	
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	plica	ble)	LAR (su	S ch as		( ]	ne, fo	oren	ame	e, pla	ace	of bi	rth,			f bir			r any	on
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous of changes to such particulars of	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	plica	ble)	LAR (su	S ch as		( ]	ne, fo	oren	ame	e, pla	ace	of bi	rth,			f bir				on
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous of changes to such particulars of	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	plica	ble)	LAR (su	S ch as		( ]	ne, fo	oren	ame	e, pla	ace	of bi	rth,			f bir				Dn
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous of changes to such particulars of	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	plica	ble)	LAR (su	S ch as		( ]	ne, fo	oren	ame	e, pla	ace	of bi	rth,			f bir				Dn
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous of changes to such particulars of	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	plica	ble)	LAR (su	S ch as		( ]	ne, fo	oren	ame	e, pla	ace	of bi	rth,			f bir				on
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVICUS CORRECTION Please indicate any previous i changes to such particulars of Previous particulars	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	plica	ble)	LAR (su	S ch as		( ]	ne, fo	oren	ame	e, pla	ace	of bi	rth,			f bir				on
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars	RS O	F MIN	OR C	CHIL	D (c	O AF	PPLIC e app		y if ap	ART articu	ble)	LAR (su	S Ch as	sur Date	nan	ne, fo	oren ed o	aame	e, pla	ace	of bi	rth,	n fo		f bir	th, s			on
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars	RS O	F MIN	ERA or ali f	TIOI terat pare	D (c	OMPI	PPLIC		y if app	ART	ble)	LAR (su	S Ch as	sur Date	rnan cor	ne, for recta	oren ed o	r alt	erec	ace i	of bi	rth,	e ir		f bir	th, s ectio	n or a	Iteratio	on
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars	RS O	F MIN	ERA or all f	TIOI terat pare	D (c	COAF	PPLIC e app		y if app	ART articu	ble)	LAR (su	S S ch as	sur Date	rnan cor	ne, for recta	oren ed o	re ut	erec	ace	of bi	rth, asc	in fo		f bir	th, s ectio	n or a	Iteratio	Dn
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION	RS O	F MIN	ERA or all f	TIOI terat pare	D (c	COAF	PPLIC e app		y if app	ART articu	ble)	LAR (su	S S ch as	sur Date	rnan cor	ne, for recta	oren ed o	re ut	erec	ace	of bi	rth, asc	in fo		f bir	th, s ectio	n or a	Iteratio	Dn
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per	RS O	F MIN	ERA or all f	TIOI terat pare	D (c	COAF	PPLIC e app		y if app	ART articu	ble)	LAR (su	S S ch as	sur Date	rnan cor	me, for recta	ecla by of Sec	re un iame	erec	ace	of bi	at th	in fo		f bir corre	th, s ectio	n or a	Iteratio	Dn
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION	RS O	F MIN	ERA or all f	TIOI terat pare	D (c	COAF	PPLIC e app		y if app	ART articu	ble)	LAR (su	S S ch as	sur Date	rnan cor	ne, for recta	ecla by of Sec	re un iame	erec	ace	of bi	rth, asc	in fo		f bir corre	th, s ectio	n or a	Iteratio	on
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per	RS O	F MIN	e and	TIO	D (c NS T cular ief tr	TO AF	PPLIC PPLIC e app er cor		y if app	ART ART articu	ble)	AR (su	S S bth as	sur Date	erel inmo	by deguilt	ecla by off Sec	re un anne re un an o tion	ereconder ander offer 31(	ace j oat	of bi	at the on c	n fo		f bir corre	th, s ection liable	e to a		Dn
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous of changes to such particulars of Previous particulars F. DECLARATION I	RS O	F MIN	e and	TIO	D (c NS T cular ief tr	TO AF	PPLIC PPLIC e app er cor		y if app	ART ART articu	ble)	AR (su	S S blican Je, 15	sur Date	erel inmo	by deguilt	ecla by off Sec	re un anne re un an o tion	ereconder ander offer 31(	ace j oat	of bi	at the on c	n fo		f bir corre	th, s ection liable	e to a		Dn
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I	RS O	F MIN	e and	TIOI TIOI pare Partie	D (c NS T NS T icions culai	To AFF To the to the safet rue arrears	ete o		y if app	ART articu	ble)	AR (su	S S blican Je, 15	sur Date	erel inmo	by deguilt	ecla by off Sec	re un anne re un an o tion	ereconder ander offer 31(	ace j oat	of bi	at the on c	n fo		f bir corre	th, s ection liable	e to a		on
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I	RS O	F MIN	e and cceedi	TION terat pare Partic	D (c NS T NS T ions rots cular ief tr ive y	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	CAIL	y if ap <sub>1</sub>	ART articu	ble)	AR (su	S S blican Je, 15	sur Date	erel inmo	by deguilt	ecla by off Sec	re un anne re un an o tion	ereconder ander offer 31(	ace j oat	of bi	at the on of Act for the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Provi	n fo		f bir corre	th, s ection liable	e to a		on
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I	RS O	F MIN	e and coath od the	TIO	NS T NS T ions cular ief tr ive y	To AF	ete o		y if ap <sub>1</sub> TT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant's pant	ART ART articu alter se it fine	(the is not and the the	AR (sur	S S blican Je, 15	sur Date	erel inmo	by deguilt	ecla by off Sec	re un anne re un an o tion	ereconder ander offer 31(	ace j oat	of bi	at the on of Act for the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Providence of the Provi	n fo		f bir corre	th, s ection liable	e to a		חסס
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous of changes to such particulars of Previous particulars F. DECLARATION I	RS O	F MIN	e and the to tak bed of	TIO	NS T NS T ions cula ief tr ive y irma the p	To AF to the s after tion I tion I ts of the preserve	ete o	rrec	y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if app y if a	ART ART articu alter se it fine	t the	AR (sum	S S ch as clican ue, 15 h imp	b sur Date	erell be inmo	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	n fo		f bir correction 992	th, s ection liable )	e to a	Ilteration	DON
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I	RS O	F MINU F MINU R ALT Ctions applica R ALT ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions app	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel ing fi d bel fing fi d bel fing fi	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and t	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	n fo		f bir correction 992	th, s ection liable )	e to a	Ilteration	n
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per Signature of deponent 1. I certify that before admini presence: 1.1 Do you know any 1.3 Do you consider 2. I certify that the deponent	RS O	F MINU F MINU R ALT Ctions applica R ALT ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions app	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel ing fi d bel fing fi d bel fing fi	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and t	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	n fo		f bir correction 992	th, s ection liable )	e to a	Ilteration	n
D. CURRENT PARTICULAR Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per Signature of deponent 1.1 certify that before admini presence: 1.1 Do you know and 1.2 Do you have any 1.3 Do you consider 2. I certify that the deponent before me and the deponent Surname	RS O	F MINU F MINU R ALT Ctions applica R ALT ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions applica ctions app	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel ing fi d bel fing fi d bel fing fi	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and t	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	n fo		f bir correction 992	th, s ection liable )	e to a	Ilteration	0
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per Signature of deponent 1.1 certify that before admini presence: 1.1 Do you know any 1.3 Do you consider 2.1 certify that the deponent before me and the deponent Surname Forenames in full	RS O minor IS OI corre f the s sterir d und / obje the p has a 's sig	F MIN	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and t	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	n fo		f bir correction 992	th, s ection liable )	e to a	Ilteration	<u> </u>
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous s changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per Signature of deponent 1.1 certify that before admini presence: 1.1 Do you know any 1.2 Do you have any 1.3 Do you consider 2.1 certify that the deponent before me and the deponent Surname Forenames in full Business address	RS O	F MINU F MINU R ALT Ctions applica applica mot ext mg the derstar acknow nature	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and t	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	e ir son 51 c		f bir f bir iorre 992 M	th, s ection liable )	e to a	Ilteration	n
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous changes to such particulars of Previous particulars  F. DECLARATION I  F. DECLARATION I Signature of deponent I.1 Do you know ann I.2 Do you consider I.1 Do you know ann I.2 Do you consider 2. I certify that the deponent before me and the deponent Surname Forenames in full	RS O	F MINU F MINU R ALT Ctions applica applica mot ext mg the derstar acknow nature	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pant's pant's pant's pant's pant's pant's pant's pant and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and the such and t	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	e ir son 51 c		f bir f bir iorre 992 M	th, s ection liable )	e to a	Ilteration	
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous s changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per Signature of deponent 1.1 certify that before admini presence: 1.1 Do you know any 1.2 Do you have any 1.3 Do you consider 2.1 certify that the deponent before me and the deponent Surname Forenames in full Business address	RS O	F MINU F MINU R ALT Ctions applica applica mot ext mg the derstar acknow nature	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pa ant's pa ction or ction or anth such aration aration th? your cc s and i	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	t), horishall	erell be inmo Datestic	by deguiltent (	ecla signe	re un anne r alto an o tion ed [	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	e ir son 51 c		f bir f bir iorre 992 M	th, s ection liable )	e to a	Ilteration	
D. CURRENT PARTICULAF Identity number Surname Forenames (in full) Place of birth Relationship of applicant to r E. PREVIOUS CORRECTION Please indicate any previous s changes to such particulars of Previous particulars F. DECLARATION I. submitted is to the best of m fine or imprisonment for a per Signature of deponent 1.1 certify that before admini presence: 1.1 Do you know any 1.2 Do you have any 1.3 Do you consider 2.1 certify that the deponent before me and the deponent Surname Forenames in full Business address	RS O	F MINU F MINU R ALT Ctions applica applica mot ext mg the derstar acknow nature	e and the to tak bed o viedg	TION TION Tron terate Partic Partic d bel	I (c NS T itions cular itef tr ive y ntent the p to b hat h	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ete o	rree rree	y if app NT'S P ant's pa ant's pa ction or ction or anth such aration aration th? your cc s and i	ART ART articu alter se it fine onen ?	t the ence	AR (sur	S S ch as clican ue, I s h imp	sur b), h b), h b) b) b) b) b) b) b) b) b) b) b) b) b)	erelation in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	by deguiltent (	ecla iigne and	re uu anne r alt uan o tion ecla	erec	ace I nce 1)(b Y	of bi	at the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of the result of	e ir son 51 c		f bir in to ers	th, s ection liable )	e to a		n

G. FOR OFFICIAL	ONLY - OFFICE OF ORIGIN	
APPLICATION RE	ED BY:	
Identity number		
Surname		
Forenames in full		
Persal No.		
Date	Y Y Y M M D D	
DOCUMENTS SUE	rED WITH THIS APPLICATION: Office Stamp	
PLEASE TICK		
Proof of payment	New DHA-24 in case of false registration	
Copy of applicant	h certificate Medical reports in case of sex description (ito Act 49 of 2003) - from	2 separate doctors
Copy of child's bi	rtificate (if applicable) Proof of guardianship (if applicable)	
Affidavits by all p	concerned in case of false registration Other, specify	
H. HEAD OFFICE	ONLY	
APPLICATION API	/ED BY:	
Identity number		
Surname	Status: Approved Rejecte	d 🗌
Forenames in full		
Persal No.		
Date	Y Y Y M M D D Signature	

# STAATSKOERANT, 26 FEBRUARIE 2014

AL SHELL														ΉA																DH	A-1773
								DE	PAR	TME	ENT	OF	ног	ME /	\FF/	AIR	5														
				AF	P	_IC	AT	101	N F	OF		nexu EC		13 RDI	NG	i 0	FA	DC	)P1	rio	N										
				в	irths	s an	d De	eath	s R	egis	trat	ion /	Act,	199	2 (A	ct N	lo. 5	i1 of	199	2)											
								[On	ly for	use	by tl	he ac	dopti	ve pa	arent	s]											Bar	Code	e		
A. I, MOTHER / PARENT A																_															
Identity number																															
Surname																															
Previous / Maiden surname																															
Forenames (in full)																															
Place of birth																															
Country of birth														<u> </u>	<u> </u>																
Residential address Street																			ļ						<u> </u>	L					
Town/Village											<u> </u>								F	rovi	nce				]	с -	ode				
Telephone no., incl. area code												Ce	ell ph	one	no.																
E-mail address																															
Postal address																															
Province																	]							Pos	stal o	code					
AND I, FATHER / PARENT B																															
Identity number												]				]															
Surname	usy / Maiden sumame																														
Forenames (in full)																															
Place of birth																															
Country of birth																															
Residential address Street	·																														
Town/Village																			F	rovi	nce					] c	ode				
Telephone no., incl. area code												Ce	ll ph	ione	no.																
E-mail address																															
Postal address																	Ļ														
Province																								Pos	stal o	:ode					
B. WE ARE THE ADOPTIVE PA	RE	NTS	OF	THE	FC		wi	NG	сни	D																					
Identity number																			Date	of b	oirth	Y	Y	Y	Y		Μ	Μ		D	D
Surname																															
Forenames (in full)			ļ							<u> </u>				<u> </u>			<u> </u>							<u> </u>							
Place of birth	<u> </u>							<u>+</u> , .									<u> </u>						L								
												reg	Iste	r (^c	ircie	e wh	lich	is a	ppli	cabi	e).										
Forenames	Ing i I				lina		inter		auo		'. 			T										r		<b>—</b>		_			
Surname			I											Г Г																	
	I			L				L	L	L			I			L	L	L					L								
Signature of mother / P	oron	of A															Sian	atur	o of	fath	or /	Dare	ont F	2							
D. FOR OFFICIAL USE ONLY -			E OF	OR	IGIN	1																			тн -	THIS	APP	LICA		N:	_
APPLICATION RECEIVED BY:																		PLE													
Surname																	]		DHA	-24						Birth	n cert	ificat	e		
Forenames in full																	]		Сор	y of a	adop	tion	orde	r							
Persal No.																			Othe	er, sp	ecify	¥ .									
Date Y Y Y	Y	Μ	Μ	D	D														DH	4-19	3, if	арр	olica	ble							
											Sta	тр							Proc	of of	baym	nent									
Signature																															
E. HEAD OFFICE USE ONLY																															
APPLICATION APPROVED BY:																															
Surname																		Stat	tus:		Арр	orove	ed			Not	Арр	rove	) be		
Initials																								_					-	-	
Persal number																															
																							Sig	natu	re						

G.P.-S. 09/09

1	3K	V
	$(\uparrow \uparrow)$	
		Ť

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 21the 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.

The mormant must	verity, and write	ie nec	C 3301	y, coi	npiet	emiu	i ule p	01301	iai pa	nucui	a 3 a	nu ou		onna		i ule (	Jecea	seu be	10 .											
1. Was this a death o	r a stillbirth?		1.1 C	Death			1.2 S	tillbir	h																					sed
2. Identification of the	deceased (tick	one b	<b>DX)</b> :																											lecea.
2.1 The deceas	sed was identifie	d with	an ID	docu	iment	/pass	port (il	fore	gner)	prod	uced	by the	e fami	ly																thumbprint of deceased
2.2 Stillborn ch	ild																													indar
2.3 The feature	s of the decease	ed do	not se	em to	o mate	ch the	feature	es on	the ID	) doc	umer	nt or p	asspo	ort of	decea	ased														thun
2.4 ID docume	nt or passport o	f the d	eceas	sed w	as no	tprese	ented.	The o	decea	ised v	was ic	lentifi	ed thr	ough	word	of mo	uth													Left
2.5 The deceas	ed was already	buried	prior	to the	e com	pletion	of thi	s form	۱																					
2.6 The deceas	ed was unidenti	fiable:			2.6.1	Bum	t [		2.6.2	Dec	ompo	sed		2.6.3	Othe	r (spe	ecify)		and ( a for Kine Re											sed
2.6.4	DNA samples r	etrieve	ed for	identi	ificatio	on purp	oses		[		2.6.5	Den	tal rec	ords	taken	for id	entific	ation p	ourpo	ses										Right thumbprint of deceased
3. Date of Death / stil	lbirth											]																		nt of e
4.1 Place of Death/st	illbirth (City/Towr	v∕Vi <b>l</b> lage	e)																											ixdqu
4.2 Province of Deat	h/stillbirth		ĺ				T																							t thu
5. Place of Registrat	ion of Death / sti	illbirth	ĺ		1		T	1	T			Ī				1						ĺ								Righ
6. If death occurred w	ithin 24 hours af	ter bir	th, nur	mber	of ho	urs aliv	e	[			7	7. Hor	ne tele	ephor	ne no.											1				
8. Identity No. (Passp	ort No, if foreign	er)										1				1	9. Ag	e at la	st birt	hday i	f DO	Bisur	ı hknow	n [		ĹΤ				
10. Date of Birth if the	-				1								11 0	ende	r	, 	]11.1		ſ			Fema		ſ		11.2		ı ermina	ablo	
12. Surname					-		-	-	=			l	11.0					VIAIC			11.2	rema					nuelle			
13. Previous / Maiden	Surname						-		-				[ [			[				1										_
14. Forenames								-	=							1														
15. Usual* Residentia	Address: S	Street					-					[				I														
		Town			I				-			[	<u> </u>																	_
		vince							-			[	I I	[		1				1		L	ostal							
16. Citizenship	110	, mice										I			L 								ostai	couc		L		<u>_</u>		
							_	_	+			l																	Г	
16.1 Place of Birth (C or Country of Birth, if a		ge)														L							L							
16.2 Province of Birth	I																													
17. Marital Status of th	ne deceased		17.1	Single	e	Γ		17.21	Aarrie	d				17.3	Wido	wed		[		17.4 [	Divoro	ced								
18. Education level of			T		T		T		Τ									10	Gr 8	G	9	Gr 1	0	Gr 11		Gr 12	ι	Jniv	Ur	 1-
(Specify only the high completed)	lest class	No	ne	Grl	R	Gr 1	G	ir 2	G	ir 3	G	r 4	Gr	5	Gr 6	;	Gr 7	Fo	rm 1	For	m 2	Form NTC		Form 4 NTC 2		orm 5		èch	Kno	wn
(mark	with a ⊠)		-+		+		+		1					-				+							+		+			
19. Usual occupation work done during mo																													1	
20. Type of business		ark wit	ha⊠	])	L	1ł												1						L		in second second		d		
1. Agriculture	2. Mining and	<b>.</b>	3.			ectricit		and	5.	Cons	tructio	on		Whole					rt, sto			Financ		9. Co					rivate	
hunting, forestry and fishing	quarrying	Man	ufactu	uring		water s	supply							l trade otor v			and	comm	iunica	tion		media rance,			ial a rson			nousel exterri		
														tor cy persor								tate a usi∩es		se	rvice	s			ations tatives	
													hou	iseho	d goo							ervice					foreig	gn gov	vernme	ents
														hotel resta															tivities y defir	
21. Was the decease	d a regular** sm	oker fi	ve yea	ars ag	<b>jo</b> ? (n	nark wi	th a 🗹	1)		[		21.1	Yes			21.2	No	ſ	7	21.3	Do no	t knov	,		21.4	Not ap	plica	ble (m	inor)	

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

DHA-1663 A Page 1 of 3

. \_\_\_\_

# STAATSKOERANT, 26 FEBRUARIE 2014

No. 37373 **59** 

G.PS. 09/09																													
A ANA	rm to be completed in BLACK INK with BLOCK LETTERS. Please mark with [] the CORRECT box, where required. Ids are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker) <b>ERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE</b> tions: Section B to be filed out by the same Medical Practitioner / Professional Nurse who completed Section A. 2.1 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 2.2 I, the undersigned, an not in a position to certify that the deceased died exclusively due to Natural Causes ulars of the Medical Practitioner / Professional Nurse who filled out the form: 23, HPCSA Registration No.																												
The form to be completed in BLA All fields are COMPULSORY. In	CK IN comp	NK wit	h BL( applic	OCK catior	LET ns an	TERS nd ap	5. Ple plica	ease i	mark s tha	with t are	ld not	e CO legib	RRE( le ma	C⊤bo ybe	ox, wi con	nere i	requi	red.											
	<pre>smm to be completed in BLACK INK with BLOCK LETTERS. Please mark with []] the CORRECT box, where required. Ids are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)</pre> <pre>ERTIFCATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE tions: Section B to be filed out by the same Medical Practitioner / Professional Nurse who completed Section A. 1 I the undersigned, hereby certify that the deceased aneed in Section A. to the best of my knowledge and belef, died solely and exclusively due to Natural Causes 22 I, the undersigned, arm not in a position to certify that the deceased died exclusively due to Natural Causes 23. HPCSA Registration No. </pre> <pre> information of the decical Practitioner / Professional Nurse who filled out the form:</pre>																												
	mm to be completed in BLACK INK with BLOCK LETTERS. Please mark with ⊘the CORRECT box, where required. Ids are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid. The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker) <b>EXERTIFCATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE</b> tors: Section B to be filed out by the same Medical Practitioner / Professional Nurse who completed Section A. 21 I, the undersigned, are not in a position to certify that the deceased need to detextively due to Natural Causes 22. It the undersigned, are not in a position to certify that the deceased of ed exclusively due to Natural Causes 23. HPCSA Registration No																												
											ural C	auses		22			!-+								<b></b>				
	<form><form></form></form>																												
								I		1											<u> </u>		I						
																		 7 Ea	cility / l	L							I		
	<u> </u>							[		[		[			[		2	1. Fa		Т		L		[				-+	_
										I		I			I													_	
	<u>ال</u>									ļ								Pr 1	ovince	L		L							
	<form><form></form></form>																												
best of my knowledge and belief, diec case this is not true, I shall be guilty of	ructions: Section B to be filed out by the same Medical Practitioner / Professional Nurse who completed Section A.         22.1       1. the undersigned, hereby certify that the deceased named in Section A. to the best of my knowledge and belef, died solely and exclusively due to Natural Causes         22.2       1. the undersigned, hereby certify that the deceased died exclusively due to Natural Causes         22.1       1. the undersigned, hereby certify that the deceased died exclusively due to Natural Causes         Sumame																												
Place signed					-																								
Date signed	Autors: Section B to be filed out by the same Medical Practitioner / Professional Nurse who completed Section A. 22.1 I, the undersigned, and that the deceased effectively due to Natural Causes Isculars of the Medical Practitioner / Professional Nurse who filled out the form: 23. HPCSA Registration No. 23. HPCSA Registration No. 24. How definition of the Medical Practitioner / Professional Nurse who filled out the form: 23. HPCSA Registration No. 24. How definition of the Medical Practitioner / Professional Nurse who filled out the form: 23. HPCSA Registration No. 25. HPCSA Registration No. 26. HPCSA Registration No. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practice 20. 27. Facility / Practi																												
Instructions: Section C to be filled a 29. I, the undersigned, hereby certify	222 1. the undersigned, am not in a position to certify that the decessed ded exclusively due to Natural Causes         ticulars of the Medical Practitioner / Professional Nurse who filled out the form:       23. HPCSA Registration No.         Sumame															onger													
30.1 Natural 30.2	22.2 1, the undersigned, am not in a position to certify that the deceased ded exclusively due to Natural Causes         cutars of the Medical Practitioner / Professional Nurse who filled out the form:       23. HPCSA Registration No.         iumrame																												
31. Date of Post-mortem										]																			
32. Name of Medico-legal Mortuary																		33.	Mortua	iry No									
34. Mortuary Reference Number of D	eceas	sed																											
35. SAPS Case No.	form to be completed in BLACK INK with BLOCK LETTERS. Please mark with Cline CORRECT box, where required.  fields are COMPUTED SORF. Incomplete applications and applications that are not teglible may be considered invalid.  te: The fingerprints of the deceased. the Informatian dhe undertaker must be taken by the undertaker)  CENTECATE BY ATTENDING MEDICAL PRACTICOMENT (PROFESSIONAL NURSE  22.1 1. the undertigned, heatly cettly that the deceased def exhaulty due to Matural Causes  22.1 1. the undertained. The Information is evenly that the deceased def exhaulty due to Matural Causes  22.1 1. the undertained. The Information is evenly that the deceased def exhaulty due to Matural Causes  22.1 1. the undertained. Freedowscilla, the Information is evenly that the deceased def exhaulty due to Matural Causes  22.1 1. the undertained. The Information is evenly that the deceased def exhaulty due to Matural Causes  23.1 PCSA Registration No.  24.1 1. the undertained. The Information is evenly that the deceased def exhaulty due to Matural Causes  23.1 PCSA Registration No.  24.1 1. the undertained. The Information is evenly that the deceased def exhaulty due to Matural Causes  25.2 1. Facility / Protecte  26.1 1. The undertained is the Information information is a facility of the Action is a facility of the Action is a facility of the Action is a facility of the Action is a facility of the Action in the Information information in the Information information is a facility of the Action is a facility of the Action in the Information in the Information in the Information in the Information in the Information in the Information is a facility of the Action in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Information in the Informa																												
<image/> <image/> <text><text></text></text>																													
37. Sumame																													
38. Forenames																													
39. Business Address Street	t																												
Towr	Town       Province         phone No. (Office)       Office stamp of health facility or practice         phone No. (Office)       Office stamp of health facility or practice         of my knowlegate and belief, dies of look and exclusive due to natural or curves in indicated in paragraph 22 and in this is not true, I shall be guilty of an office and on conviction liable to a fine or to imprisonment for a period not exceeding five so to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).         e signed																												
Telephone No. (Office)	Actions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death. 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 lone and of the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is: 0.1 Natural 30.2 Unnatural 30.3 Under investigation te of Post-mortem 33. Mortuary No. 33. Mortuary No. ortuary Reference Number of Deceased 36. Name of Police Station APS Case No. Sulars of the Medical Practitioner / Forensic Pathologist who filled out the form: 36.1 HPCSA Registration No. amame for the Medical Practitioner / Forensic Pathologist who filled out the form: 36.1 HPCSA Registration No. The prevince Street 90. Town 000000000000000000000000000000000000																												
knowledge and belief, died solely and not true, I shall be guilty of an offence both such fine and such imprisonmen	i exclu and c	usively on conv	due to viction	o natu i liable	ralor toat	unnati fine or	ural c r to in	auses npriso	as in	ndicate	ed on	parag	raph 2	9 and	d in ca	ise thi	s is												
Place signed						84 mil 4 dil <sup>11</sup> 7 mil		Signa	ature_																			11	
			or	nt 1-*	or <del></del> -	atic		neih!-	for -	artif	n +	ido-"	h/ ~ <sup>6</sup> **	- h a		d													
			ormai	nt. Ini	onnar		spor	ISIDIE	IOF CE	lini	ig the	laena		ie dei	cease	a.		41. C	)ate of	Birth									
42. Citizenship	[									I									1	1					l				
43. Surname	-			-	-					1									+	]									mant
43. Sumane 44. Forenames					1					I		I						 	+	]									f infor
	<u> </u>									I								L		J									onnt o
45. Residential Address: Street		+									L									] 1									d quin
Towr	<b>F</b>													nstal (	Code				+	]									Left thumb print of informar
Province	<u> </u>									I	1		phone		Code				+	 									
Telephone No. (Home)										1	1	0 ell	PINIE	INU. I				1	1	1									
46. The Deceased is my:	1	1	_		٦			-				1		1				-	-										
I, the undersigned, hereby certify that and on conviction liable to a fine or to		entity o		decea		nentic	oned		tion A			, estof	Child my kn	owled			lief tru	ue an		ect in						uilty of	an of	fence	

G.P.-S. 09/09

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)

#### 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

ondertaker of informatic hay sabin		completet	. 10////		neures		ne rui	unse	mee.																			
47. Name of Funeral Parlour																												
48. DHA Designation No.												]	49. C	ompa	any Re	eg. No	<b>D</b> .											
50. SARS Reg. No. (Income tax refere	ence	no.)																]										
Details of Funeral Undertaker or Au	uthor	ised Rep	resent	ative																							ker	]
51. Identity No. (Passport No. if foreig	ner)																										Left thumbprint of funeral undertaker	
52. Surname																			]								əral u	
53. Forenames																			1								of fune	
54. Business Address Street																			]								print o	
Town																			]								qunu	
Province												P	ostal (	Code					1								Left t	
Telephone No. (Office)										]		-			Cell	phon	e No.		Ī	T		Γ	1	Τ	T	T	Τ	Ì
55. Date of collection of corpse										- 56. E	Date o	f Crer	nation	(if ap	plicab	le)		1		T	11	8.6	1		1			•
57. Place of Burial (City / Town / Villag	e)			1								1						]		Pro	vince		T	T	T	Τ	Τ	
58. Date of Burial				1	1.4			:			59.0	Grave	No. (if	availa	able)			í —				Γ		T	T	1	- <b>d</b>	
Place signed				]	Signa	ature																						
Name of person who collected the	dece	ased:																		Offic	e stan	np o	f fune	al unc	lerta	ær		
60. Identity No. (Passport No. if foreig	ner)																											
61. Surname																												
62. Forenames																												
Place signed			1	1			,																					
		L		J	Signa	ature											L											]
F. FOR OFFICIAL USE ONLY																												
Registration of death approved, DH	A-16	63 receiv	ed by	(parti	culars	s of D	HA of	ficia	):	1											Offic	e sta	amp o	DHA				
63. Identity No.																												
64. Surname		-		<u> </u>																								
65. Forenames																												
66. Persal No.					]					_																		
Documents included with this notic	e:		Cop	y of th	e dece	eased	's ID			Cop	of ID	) docu	ment	of the	inform	nant												

DHA-1663 was submitted by:

- DHA 6 (if applicable)
- ]Copy of ID document of the informa ]DHA - 1680 (if applicable) ]Funeral Undertaker

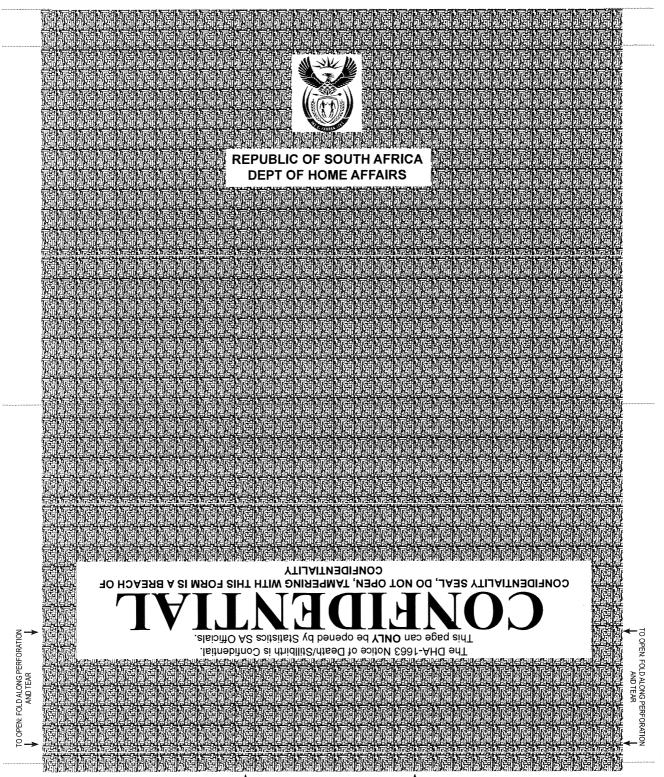
DHA-1663 A Page 3 of 3

.

# STAATSKOERANT, 26 FEBRUARIE 2014

No. 37373 **61** 

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         69. Surname         70. Forenames	FOLD TO THIS POINT ¥	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_Dibe 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         DHA-16         DHA-16         Page 1	
<form></form>		abarceless Section 0 is to it fields of y decked Practiceur Professional Narse Free-rate Pathologist , who has distrimed the cause of deals PATHOLIAS OF DECKEASD  4. Category (1), 11, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	



↓ ТО ОРЕИ: FOLD ALONG PERFORATION AND TEAR

A SHELL							DE			BLIC																				<b>HA-</b> 1 ge 1	
												nexu											ſ								
				DE	ΞΑΊ	гн I	RE	PO	RT	B	ΥA	UT	нс	DRI	SE	DI	ÞEF	RSC	ON							Se	erial	านกา	ber		
						Birth																	Ľ				ind i		001		
2111					•							on 14					-														
To be completed in full and the medical practitioner has																														vhei	re
fingerprints must be attache																															
Instructions: Section A to be comp The informant must verify, and whe															e dec	ease	d are	com	pulse	ory a	nd m	ust be	take	n in	the p	rese	nce o	f the	infor	man	t.
A. PARTICULARS OF	DE	CE/	SE																												
Identity number (passport if fo			Г	T	T		<b>I</b>		1													Sex	Т						1		
	Y		γĪ	M	M	D	D	1	, ,	ate o	of de	eath	Y	Y	Y	Y	М	М	D	D											
Citizenship	T	T	T	T	T			Í	<u> </u>																						t of
Surname	Ť	十	T	T	T								<u> </u>																		Right thumbprin deceased
Previous/Maiden surname	Ť	T	T	T	T					1										٦											thum lecea
Forenames	Ť	十	T	T	T								İ																		Right
Place of death: To	wηΓ	-	T		1					T										۲											
Provin	- 2	+	+	+	+	-					-		-							-											Ţ
Residential address: Stre	2	+	+	+	+	-														_											ease
Tor	2	+	+	+	+		-		-											┥											f dec
	- 2		+	+	+					-			1							┥											rint o
		+	+	+		-								Pos	tai co	ode															dqur
Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Province Pro																															
Marital status Sing																															
Education level of deceased, Specify only the highest class		No ne	Gr R	Ģ	Gr 1	G	r 2	G	r 3	G	• 4	Gr	r 5	Gı	6	G	· 7	Gr Fori		Gr Forr		Gr 1 Form NTC	3	Gr Fori NT(	n 4	For	12 m 5 C 3		niv ech	Un w	kno ⁄n
(mark with a tick 🗹																															
Usual occupation of deceased work done during most of wor life		, [	Τ	Τ																											
Type of business / industry:		Г	Т	Т					<b></b>														Т								
	-		<b>.</b>				L	L		1			۱. ۱.						I	I				1		I I					L
Was the deceased a smoker	five							Yes		]	No			Jon	ot kr	low			IN(	ot ap	plic	able (	min	or)							
B. CAUSE OF DEATH				leted																											
1. Provide full description o	TCI	cum	stan	ces t	nati	ea ta	o the	e cai	use	ora	eatr																				
2. Was the deceased ill imm	edia	ately	befo	re hi	s/h	er de	eath	1?																							
3. If yes, for how long?																															
4 18/h = 4																															•
4. What was the nature of th	ie III	ness	57																												
																															•
C. PARTICULARS OF	INF	OR	MAN	IT	(* C	omple	eted	by In	form	ant)																					
Identity number (passport if fo	reia	ner)	Г	Т	T																										
Citizenship	. 9	Г	┢	+	t	H			-	$\square$																					of
Date of birth		F	Y Y	Y	Τγ	М	М	D	D	1	L		Sex					-		-											Left thumbprint of informant
Surname		F	+	$\pm$	+					1									_	-											thumbpri
		F	+	+	+				L							_		_	_	=											eft th int
Previous / Maiden surname		F	+	+	+	-	L											_		╡											Ľ
Forenames		Ļ	+	4	-													_													
Residential address:	Stre		╪	+	<u> </u>	<u> </u>			L	Ļ									_		_		4	4			Щ				Щ
Teleshara and be directly	To	۳Ļ	+	4	<u> </u>							Ļ	L]		vince	•		_		4	_	-+	4	늭		Co	de		L	L	
Telephone number (home)		Ļ	4	1	1				L	닏		ll ph																			
		1	10	arent		1	Sno	ouse		1	Dau	ighte	er /S	on			Othe	er													
Relationship to the deceased:		L		irent			Spc					°.																			
I, the undersigned, hereby deather the authorised person whose	clare parti	icular	ler oa rs ap	ith th bear	in Pa	art D	rese and	ent a that	t the	info	rmat	of the	e per subr	son nitte	d in t	this	form	and	Isup	port	ing									med	
I, the undersigned, hereby dea	clare parti	icular	ler oa rs ap	ith th bear	in Pa	art D	rese and	ent a that	t the	info	rmat	of the	e per subr	son nitte ths F	d in f Regi	this strat	form ion / r	and	Isup	port 199	ing	docur	ner	nts is	s tru					med	
I, the undersigned, hereby deather the authorised person whose	clare parti	icular	ler oa rs ap	ith th bear	in Pa	art D	rese and	ent a that	t the	info	rmat	of the	e per subr	son nitte ths f Date	d in t	this strat	form ion /	and	I sup 51 of	port	ing 2.	docur								med	

D. DECLARATION BY AUTHORISED PERSON	BARCODE
I, the undersigned, hereby declare that:	(choose the applicable option)
<ul> <li>a) I was present at the above mentioned death / saw the body.</li> <li>b) I did not witness the death and did not see the body. The certificate is issued in good faith, as infor the person whose particulars appear in Part C.</li> </ul>	med by
c) The information furnished in Parts A and B is to the best of my knowledge and belief true and corre	ect.
d) A medical practitioner has not certified the cause of death as, one was not available to do so.	
Was the deceased a female person known to be pregnant? Yes No	Don't know
I, the undersigned, hereby declare under oath that the information submitted in this form and support and correct. I understand that a false statement is punishable under section 31 of the Births and Dea	
Date signed	Y Y Y Y M M D D
Signature Place signed	
E. PARTICULARS OF AUTHORISED PERSON	
l, the undersigned, hereby certify that the information provided above is to the best of my knowledge and belief tru	and correct
Identity number	g g
Date of birth         Y         Y         M         D         D         Designation no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.         Image: Comparison no.	tois:
	Left thromboring of authorised
Forenames	
Residential address Street	
Town	
Province Telephone num	
Cellphone no.	
	Office Stamp
	MMDD
Signature         Date signed         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y	
Identity no. (passport if foreigner)	
Surname	
Forenames	
Relationship to the deceased Parent Spouse Child Other, specify	/
G. FOR OFFICIAL USE ONLY	
The information stated above has been verified by Status Approved	Need investigation
Surname	Office stamp
Forenames	
Persal no.	
L	
Signature Date s	signed Y Y Y Y M M D D
Documents included with this application:	Copy of ID document of the informant
Copy of ID of Authorised Person	Copy of Authorisation Letter issued to Authorised Person

all when the	REPUBLIC OF SOUTH AFRICA	DHA-14A
	DEPARTMENT OF HOME AFFAIRS	Barcode
17-SEL		Darcouc
	[Births and Deaths Registration Act 51 of 1992]	
	[Regulation 16]	
The form to be completed in BLACK	K INK with BLOCK LETTERS. Please mark with ☑ the CORRECT box, where required by the Home Affairs Official	
		· · · · · · · · · · · · · · · · · · ·
Date of Issue	Y Y Y Ý M M D D	
Serial number of DHA-1663	Bar-code number of DHA-1663	
A. PARTICULARS OF DECEA	ASED	
Identity number	Date of birth Y Y Y	MMDD
Passport number (if foreigner)	Date of death Y Y Y	MMDD
Citizenship	Sex Sex	
Surname		
Previous or Maiden surname		
Forenames		
Place of death: City/Town	Province Province	
Place of burial : City/Town	Province	
Cause of death	Natural Under investigation	
B. AUTHORITY FOR BURIAL	. OF CORPSE	
	thority for the burial of the corpse from the magisterial district in which the death occurred or at the	a magisterial district
where the burial will take place		
C. FOR OFFICIAL USE (	· · · · · · · · · · · · · · · · · · ·	
Registration of death approved a	and burial order issued. DHA-1663 received by (particulars of DHA official):	non-anti-anti-anti-anti-anti-anti-anti-ant
Surname		
Forenames		amp
Persal No.		
Documents included with this no	passont Copy of ID document/ passont Copy of ID document/ passont of the inform	
Documents included with this no DHA-1663 was submitted by:	Informant Funeral Undertaker	iant
Identity Number of Recepeint:	Identity number	
If Funeral Undertaker:	Designation number	
Signature of recipient	Date received Y Y Y	M M D D

al she la								R	EPI	JBLI	со	FS	τυο	ΉA	FRIC	A													DH/	A-1577	
5.								DEI	PAR	TM	ENT	OF	но	ME /	AFFA	NRS	;											Seri	al N	lumbe	er
											Δni	nevi	ure 1	7																	<i>.</i>
							Ρ	RC	0	= 0					OF	DE	A	Ή					L								
					[B	irth	s an	d D	eath	IS R	egis	trat	ion .	Act	51 oʻ	f 19	92]														
To be completed in BLACK INK with	n BL	DCK	LET	TER	RS. P	leas	e ma	ark w	/ith 6	] the	COF	RE	СТЬ	ox, v	vhere	req	uired	I.													
Date of Issue	Y	Y	Y	Y	1	M	M	1	D	D	1																				_
A. PARTICULARS OF DECEA	SEL							1			<u> </u>																				
Identity number		, 			r	<u> </u>	1	<u> </u>	1	1	Г	1						r	Date	ofb	hirth	Y	Y	ΤY	Y	٦	М	M	1	D	D
Passport number (if foreigner)							 	-	-	1	-	, 	-	<u> </u>						ofde				TY		í	M	M	í		D
Citizenship					l			<u> </u>	1	T				<u> </u>			1	0.	ate t		Sex	1	T	Ť	Ť	┢	$\vdash$	╎			
Surname									1														$\frac{1}{1}$	+	T	t	+	'n		ГТ	
Previous or Maiden surname			1										+	1								t	$\overline{\Gamma}$		t	t	十	Ħ	_	Ħ	ุ
Forenames					I			T	T	T	T	l T										1	T	$\overline{\mathbf{T}}$	T	T	╈	H	_	++	۲
Place of death: City/Town					1			<del> </del>	t	1				T-			-		L F	Provi	nce	F	$\frac{1}{1}$	+	+	t	┿	H	-	++	۲
Residential address Street								-	T				+						· ·		Γ	T	T		+	+	+	H	_	++	ㅓ
Town / Village			1						<u></u>		T		<u> </u>	T									T	+	T		 ode	$\square$		++	ᅴ
Province			I	L									$\frac{1}{1}$									+	<u> </u>	$\frac{1}{1}$	+		T	⊢		┝─┼	ᅴ
B. PARTICULARS OF INFOR		T	I			I		1			L	1	I	<u> </u>			L						<u> </u>		1						
Identity number		-			<b></b>		1	<u> </u>	r		<u> </u>	1		<u> </u>	<b></b>							ΓY	Y	ΤY	ΤY	٦	м	M		D	
				L			]	<u> </u>		I	L	]	<u> </u>	I				L	Jate	ofb		<u> </u>	1	<u>  '</u>		ן ד	<u> </u>		1		_
Passport number (if foreigner)								<u> </u>	<u> </u>				<u> </u>	<u> </u>						1	Sex	Ĺ	L			I		J			
Citizenship														<u> </u>														<b>_</b>		<del></del>	
Surname										l												1							L		
Previous or Maiden surname														I												<u> </u>					
Forenames																															
Residential address Street																															
Town / Village																						Ι		Τ	Ι	Γ	Τ				
Province						Γ																		]	Co	de					
Telephone no., incl. area code	·		Γ			<u> </u>		Γ	Γ	Γ	1							Ce	ll ph	one	no.		Г	T	T	Г	T			Π	٦
E-mail address						Γ		Γ															Ι			Ι	T	$\square$			Ē
C. FOR OFFICIAL USE C	ONL	Y																													_
It is hereby certified that the deat			perso	on w	hose	e pa	rticu	lars	app	ear i	n Pai	rt A I	has l	been	repo	orteo	ı.										P	, . <del>.</del>			
Surname		-			<u> </u>	r.	<u> </u>	r	T.	<u> </u>	<u> </u>	<u> </u>	Г	Г					1												
Forenames								$\vdash$	f		T		T	T								C	НА	٥ Of	fice	sta	amp				
Persal No.					<u> </u>		1	L		1		L				L	L	L													
	L	L	J	L	L	I	I																								
																			Det	te sig	mod	ΙY	TY	TY	1.	1	М	м		D	D
Signature														-					Dai	le sig	n ieu	۲Ľ	<u> </u>	1	L	J		L.M.		ĽĽ	ᅴ
NB. This document is a not a dea	th ce	rtifi	cate.	At ti	he re	gist	ratio	on of	f the	deat	th, a	deat	th ce	rtifi	ate v	vill I	be is	sued	l to t	he ir	nfor	man	t.								

.

No. 37373 67

G.P.-S. 09/09

Designation (Rank)

DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

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

Quote DHA 1663 Serial Number	

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

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

	501		HIL	D																													
Surname of Child																																	
Forenames (if any)																						Τ							Ι				
Date of still birth	Y	Y	Y	Y	]	м	м	м	м	м	м	М	м	м		D	D	(write	mont	h in ful	Ŋ				Ge	nder							
Place of birth: City/Town																	Pro	vince															
B. PARTICULARS OF DECLARAN	т																																ant
Identity number																																	Declar
Surname																																	Left thumbprint of Declarant
Forenames																																	thumb
Residential address: Street																																	Left
Town/Village																		Pro	vince														
Telephone no., incl. area code												Cell	phon	e no.												F	Posta	al cod	•				
The Deceased is my:		Pare	nt				Spor	use				Child	ł				Othe	er, Spo	ecify									-					
I hereby declare under oath that the informati	on su	bmitte	eḍ in	this fo	rm is	true a	nd co	rrect,	and I	under	stand	that a	a false	state	ment	is pu	nishat	ole un	der s	ection	31	of the	Birth	and	l Dea	ath R	egis	tration	Act	51 o	f 1992	2	
Signature C. DECLARATION (For offices use		• •															Date		Y	Y	Y	Y		Ľ	М	м		D	D				
r certiny that before administering the presents	ed oa	itn/ <b>s</b> ol	emn	decla	ration	I put I	the fo	llowin	g que	stions	to the	depo	onenta	and n	oted h	iis/nei	r repli	esini	nis/ne	r pres	enc												
Do you know and understand the contents of						I put f	the fol	llowin	g que	stions	to the	depo	onent a	and n	oted f	iis/nei	repli		nis/ne	r pres	enc		e Sta	mp									
						I put 1	the fol	llowin	g que	stions	to the	depo	onent a	and n	oted f	11S/Nei	repli		115/NE	r pres	enc		e Sta	mp									
Do you know and understand the contents of	the a	bove				I put 1	the fol	llowin	g que	stions	to the	depo	onent a	and n	oted f	11S/Nei	r repli		11S/NE	r pres	enc		e Sta	mp									
Do you know and understand the contents of Answer:	the a	bove				I put 1	the fol	llowin	g que	stions	to the	depo	onent i	and n	oted f	11S/Nei	repli			r pres	enc		e Sta	mp									
Do you know and understand the contents of Answer:	the a	bove th?	decla	aration	?				g que	stions	to the	depo	onent a	and n	oted f	11S/Nei	repli			r pres	enc		e Sta	mp									
Do you know and understand the contents of Answer:	the a	bove th?	decla	aration	?				g que	stions	to the	depo	onent i	and n	oted r		repli			r pres	enc		e Sta	mp									
Do you know and understand the contents of Answer:	the a ed oa clara that h	bove th? tion to ne/she any f	decla o be l e kno alse	binding	g on y	our co	onscie	nce?	tents o	of the	ź	decla	aratior	n whic	h was	s swor	Th to/ i	affirm	ed be	fore n	ne a	Offic	at the ot exi	dep						such			5
Do you know and understand the contents of Answer:	the a ed oa clara that h	bove th? tion to ne/she any f	decla o be l e kno alse	binding	g on y	our co	onscie	nce?	tents o	of the	ź	decla	aratior	n whic	h was	s swor	n to/ a	affirm	ed be	fore n	ne a a pe	Offic nd th riod n	at the ot exi	dep	ling f	five y		or to	ooth :	such			5
Do you know and understand the contents of Answer:	the a ed oa clara that h	bove th? tion to ne/she any f	decla o be l e kno alse	binding	g on y	our co	onscie	nce?	tents o	of the	ź	decla	aratior	n whic	h was	s swor	n to/ a	affirm	ed be	fore n	ne a a pe	Offic nd th riod n	at the ot exe	dep	ling f	five y		or to	ooth :	such			5
Do you know and understand the contents of Answer:	the a ed oa clara that h	bove th? tion to ne/she any f	decla o be l e kno alse	binding	g on y	our co	onscie	nce?	tents o	of the	ź	decla	aratior	n whic	h was	s swor	n to/ a	affirm	ed be	fore n	ne a a pe	Offic nd th riod n	at the ot exe	dep	ling f	five y		or to	ooth :	such			s

DHA-6

all shire the								F	REPL	JBL	со	FS	τυς	ΉA	FRIC	CA													DH	A-14B	
								DE		An	nexu	ire 1	9		AFF/		;												B	arcod	e
					[B	irth	s an	d D							51 o		92]														
										[Re	gula	ation	16]	1																	
The form to be completed in BLACH		( with	BLC	оск	LET	TEF	RS. F	leas	e ma	ark w	ith 🗹	the	COF	RE	СТЬ	ox, w	here	requir	ed.												
Date of Issue	Y	Y	Y	Y	]	М	M	1	D	D	1																				
Serial number of DHA-1663				-					]		•	Ва	r-co	de n	umb	er o	f DH	A-166	33	Τ								Γ	Γ	$\Box$	
A. PARTICULARS OF DECEA	SED	5			<u>(</u>																										
Identity number							]					]						Da	nte o	f birl	in [	Υ	Y	Y	Y		М	М	]	D	D
Passport number (if foreigner)							Ī			Γ		Í	Γ					Dat	e of	deat	th [	Y	Y	Υ	Y		Μ	М	1	D	D
Citizenship																				Se	×							]	-		
Surname															Γ							T						İ	Γ	Π	
revious or Maiden surname																															
Forenames																															
B. AUTHORITY FOR REMOVA	AL C	OF C	ORF	PSE																							-				
Forenames         Image: Comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the comparison of the compariso																															
Order issued by: (tick applica	ble)																														
SAPS		For	ce N	lo.			Γ	Γ						Γ							Г										
Forensic Pathologist		HP	CSA	No			<b>—</b>					<u> </u>	<b>—</b>	1			ľ														
Surname							l -	1		ſ		1	1	T																	
Forenames				_			T						1	1																	
Telephone No.							1	1	L	I	I				L																
Date Signed Y Y Y Y	M	M	D	D	]		J Sia	natu	ıre												L				Offic	e S	itam	<u>р</u>			
C. RECIPIENT OF AUTHORIT				VAI	l (if F	Juno				nlead		wide	detab	ile of	the h	icino	ec)														-
Identity number (passport if foreig				1		uno								]			557														
Surname		İ																	Τ	T	Т	Τ							Γ		ר
Maiden name																													T	$\square$	Ē
Forename																			Τ	Т	Τ	Τ							Γ		Ī
Name of Funeral Palour	·																		Τ	Т	Τ	Τ	Τ						Г		٦I
DHA Designation number															-																_
Business address: Street																				Τ											
Town																Tel	epho	one ni	umbe	er	Τ	Τ					Γ	Γ	Γ	Π	٦
Province													1											F	Post	al c	ode		Γ		Ī
Telephone no., incl. area code													-					Cell	phor	ie no	ь.Г	Т	Т					Γ			ᅴ
E-mail address									<u> </u>	<u> </u>								T	Т	Т	十	Ť	+	4		_		Γ	F	$\square$	눼
	rent			Spo	use		]	Fur	hera	l uno	lerta	ker		]	01	her		Spec	ify:				1						·	·····	_
Signature of recipient						<del>,</del>								-				Date	e rec	eive	d [`	Y	Y	Y	Y	I	М	Μ	]	D	D

DHA-20
airs

<u></u>											FSC																	DHA	-1774
							וט	EPA	RIN	/IEN						5													
(TT)						APP					DES				ASI	FUN	IER/	٩L											
						[Birt		DER and l				istra	ntior	n Act	t 51	of 1	992	1											
											tion							•											
To be completed by the Ap accepted.	plicar	nt. The	e form	mus	tbeo	comp	leteo	d in E	BLA	скі	NK v	with I	BLO	ск	LET	TER	RS. A	ppli	cati	ons	that	are	) not	t leç	gible	shal	I not I	be	
A. PARTICULARS OF BU	SINES	s ow	/NER	(mu:	st be	the A	Applic	cant)	)																				
Identity number					Τ								Dat	te of	birth		Y	Y	Y	Y	М	М	D	D					
Surname				Τ																		]							
Previous / Maiden Surname	e																												
Forenames in full		Π		Τ	Ι	Ι			L													]					t thun blican		t of
Address Stre	et																					]							
Town / Villag																													
Provinc	;e								L	<u> </u>				]	Cod	е													
Telephone number		<u>                                     </u>		_		<u> </u>	<u> </u>	<u> </u>	ļ			Cel	l pho	one r	numb	er	-		L					1	_	1			
E-mail address		<u> </u>				<u> </u>	<u> </u>	1	1	L	L	ľ	I	<u> </u>			]	Fax								1			
B. PARTICULARS OF BU		-			<b>—</b>	T	1	<b></b>	<u>г</u>		<b>r</b> – 1	<b></b>	-		<b></b>		<u> </u>		r	<b></b>			<del></del>	—			<u>г</u> т		
Name of business / funeral Business Reg. No (CIPC)	pariol	"L r	-+	╈	+	+	 	L	<u> </u>	Ļ		I	I	L	L			I	I	I	I 1	L	1				1		
SARS Reg. No (CIPC)		Ľ	+	+	+	+	<u> </u>			<u>г</u>				L			+				1								
Address	s	treet	-	╈	T	+	I T	I				l		I			T	I 	I		1								
	/n / Vil	llage		T	T	1	1	[		[ [				[			T	1			ĺ								
	Prov	vince		T		T											Γ				İ								
Province     Code																													
Cell phone number																													
E-mail address		[																					Ī						
C. DECLARATION BY BU	SINES	s ov	NER																				-						
l,									here	eby o	decla	are th	nat th	ne in	form	atio	n pro	ovide	ed in	this	form	ı is t	true	and	i corr	ect. I	under	stanc	I
that giving false information	is an	offend	e whi	ch is	puni	shabl	le in	term	is of	sect	ion 3	31 of	the	Act.															
Signature							-		Dat	e siç	gned		Y	Y	Y	Y	]	Μ	M		D	D	]						
D. FOR OFFICIAL USE ON	ILY - (	OFFIC	EOF	OR	GIN															DO	CUN	1EN	ITS	sur	вміт	TED:			
APPLICATION RECEIVED	BY:																	_											
Surname																					Сор	y of	busi	ines	s own	ner's lo	lentity	docur	nent
Forenames in full																					Cer	tifica	ite of	f cor	mpete	ency fr	om mi	inicipa	lity
Persal number									]												Сор	y of	SAR	RS re	egistra	ation			
Date	ΥY	Y	Υ	Ν	M	]	D	D	]		Offi	ce si	tamp	,										_					
								1																	ertifica				
Signature																										ith Fee I Unde			
E. Online verification per	form	ed on	Bus	ines	s Ow	ner	and	prin	ntou	t att	ache	ed			Bus	ines	ss ov	vner											
Surname																													
Forenames in full	Τ		Τ	Τ	Γ	Γ																							
Persal number									]																				
Signature										Dat	e	Y	Υ	Y	Y		Μ	Μ		D	D	]							
F. APPLICATION VERIFI	ED:										STA	ATU:	s			App	orove	ed		Rej	ecte	d							
l , and have approved / rejec	ted* ti	ne app	olicati	on. (	* del	ete w	vhich	ieve	r is i	not a	applie	cable	e).		_ her	eby	dec	lare	that	l ha	ive r	ece	ivec	d an	nd ve	rified	the a	pplic	ation
Allocated Desig	natio	n Nun	nber:			-																							7
						l																		~	ffinir	1 \$ 1	nc		
Sumame	Т		Т	Т	Т	Γ																		0	ncial	l Star	πp		
Forenames in full	+	$\mathbf{H}$	+	T	T	T			l																				
Persal number			T	T	İ	İ				•	·						•					L							
		*			•	•			•	Dat	ا <sub>م</sub>	Y	Y	Y	Y		М	M		D	D								
Signature									•	Dat	e ا	'	<u> </u>	L			141	UV1		2	0	I							

													TUC HON				3													DHA	-154
			A	PP	LIC	:A1			:OF	R C		γ	OF							CA	TE							001			
To be completed in full and submitte							ne A	ffairs	' offi	ce o	r to a	SOL		frica	n em	bass	sy or	cons	ulate					omp	leted		_			/ith	_
BLOCK LETTERS. Please mark wi Please select below which c							nere	requ	iirea.	. Apj	JIICA	tions	s tha	tare	not	legi	DIE	snall	not	be a	cce	otea	·								
Unabridged Certificate			]						Cei	rtifie	ed co	ору	of B	irth	Reç	giste	er (v	ault	сор	y)			]								
Abridged Certificate			<u> </u>										oridg	-																	
Please provide reasons for appl	ying	for	this	cert	ificat		omp	ulso	ry in	ter	ms c	of se	ction	1 29	(2)(t	0)_01	the	Act	<u>:</u>												
A. PARTICULARS OF PERSO	N N	ино	SE I	BIR	тн с	ER	<b>FIFI</b>	CAT	E IS	RE	QUII	RED																			
Identity number/Passport No.												]						Bi	rth e	ntry	nun	nber									
Date of Birth	Y	Y	Y	Y	<u> </u>	м	м	м	м	м	м	м	м	м		D	D	<u> </u>	(wr	ite n	nont	h in	full)		<b></b>		·	<b>_</b>	<b>.</b>		
Surname			<u> </u>	<u> </u>	<u> </u>			<u> </u>		<u> </u>	Ŀ	<u> </u>				<u> </u>	<u> </u>						<u> </u>	<u> </u>	╞	<u> </u>	<u> </u>	<u> </u>	<u> </u>		Щ
Previous/Maiden surname		<u> </u>		<u> </u>	<u> </u>					<u> </u>	<u> </u>				<u> </u>		<u> </u>	-				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	
Forenames in full Place of birth: City/Town		<u> </u>	-	<u> </u>	<u> </u>					<u> </u>	-	<u> </u>		-	<u> </u>		<u> </u>		<u> </u>						<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	Щ
District/Province of Birth		<u> </u>	-	<u> </u>			<u> </u>						1		Intry		l	-				-			<u> </u>	╞		<u> </u>	<u> </u>	<u> </u>	
B. PARTICULARS OF MOTHE	ER /	PAR	REN	T A	<u> </u>	L	L	<u> </u>	L	L	L	L	1				20101	L	L	<u> </u>	L	<u> </u>	1	I	I	1	I	<u> </u>	I	<u> </u>	
Identity number/ Passport No.	<u> </u>	T.	Γ.	T		<u> </u>	1			<u> </u>	<u> </u>	1		<u> </u>	Γ	1															
Surname		Ī	T	İ	T	Ē	i –			Ē	Ē	í—			Ē	í –		1			<u> </u>		Τ		1	Γ	<u> </u>	1	Γ	Γ	
Previous/Maiden surname			Ē												L			Ĺ				Γ	Ì		Ì.	Ĺ		Ĺ	Ĺ	Ĺ	
Forenames in full																															
Place of birth: City/Town																															
District/Province of Birth													]	Соц	Intry	of E	Birth									Γ					
C. PARTICULARS OF FATHE	R/I	PAR	ENT	ΓВ																											
Identity number																]															
Surname															Γ																
Previous surname																															
Forenames in full																															
Place of birth: City/Town																															
District/Province of Birth													]	Cou	Intry	of E	Birth														
D. PARTICULARS OF APPLIC	AN	Т																													
Identity number				<u> </u>	<u> </u>			L									<b></b>	· · · · ·							·	r					
Surname		<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>		<u> </u>		L						<u> </u>				<u> </u>	<u> </u>		<u> </u>		L	<u> </u>	L	<u> </u>	
Forenames in full			<u> </u>		<u> </u>			<u> </u>										L			L		<u> </u>					<u> </u>			
Residential address: Street			<u> </u>	<u> </u>	<u> </u>												<u> </u>	<u> </u>				<u> </u>	<u> </u>		ļ			ļ		<u> </u>	
Town/Village	<u> </u>		<u> </u>	<u> </u>	<u> </u>		L	<u> </u>									L	L			L	<u> </u>	<u> </u>		<u> </u>	ļ			L	L	
District/Province			<u> </u>	<u> </u>	<u> </u>			<u> </u>			<u> </u>		1			]		_	Post	al c	ode	Ļ	<u> </u>				r	ı			
Telephone no., incl. area code		<u> </u>		<u> </u>		_		<u> </u>		_	-	<u> </u>		Ce	ll ph	ione I	no.	<u> </u>		_			-	-			-	-	r	<u> </u>	
E-mail address	<u> </u>	-	<u> </u>	<u> </u>	<u> </u>	l		Ľ		L		L		L		L	L	╞					-	l			L	<u> </u>			$\dashv$
Postal address Province				-		<u> </u>											1	L	L		L	I	I	Por	stal o		l			-	$\square$
Relationship to the person conce		d:	-	Mo	L ther/	Pari	ent /	۱ ۸	L		Fat	L her/l	L Pare	nt P	⊾  ¦	L	 	Ler	ial o	uard	lian	(Att:	ach		of of			L nshir		I	
			F						thor	rised			, pro			e nı	imbe					, 	T		T	<u> </u>		<i>יי</i> יָר	ŕ		
													of Al						·			•		•		•	•		•		
				-																											
I knowledge and belief true and control exceeding five years of to be						se it	is n	ot tru	l e l	shal	l be	guilt		an d	offen	ice a	and	on c												a per	iod
Signature of Applicant:												. 1	Date	:	Y	Y	Y	Y		м	м	]	D	D	]						
E. FOR OFFICIAL USE ONLY																															
APPLICATION RECEIVED BY:																															
Surname																			Cop	y of	Ide	ntity	Doc	um	ent c	of ap	plica	ant			
Forenames in full																			Pro	of of	gua	ardia	ansh	ip							
Persal No.																			Pov	vero	of At	torn	ey								
Date YYY	Y	]	м	М	]	D	D	]	0	ffice			- OFI GIN	FICE	E OF	=									plica page		n vis	sa/pe	ermit	t	
Signature																															

G.P.-S. 09/09

è
1

### REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

DHA-132

# **APPLICATION FOR DEATH CERTIFICATE**

[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 mark with 🗹 the CORRECT box, where required. Applications that are not legible shall not be accepted.

Please select below which certificate is required:

Unabridged Certificate

Abridged Certificate

Signature

Certified copy of death register (vault copy)

Handwritten abridged certificate

Please provide reasons for applying for this certificate [compulsory in terms of Section 29 (2) 9 (b) of the Act]:

A. PARTICULARS OF A D	ECEAS	SED	)																													
Identity / Passport number	[				[			]					]		Γ		]			Dea	ith E	Intry	no:			Γ	Т	Т	Т	Г	Γ	
Date of death	Ī	Y	Y	Y	Y	]	м	м	м	м	м	м	м	м	м	]	D	D	]	(wri	te m	onth	n in fi	ull)								
Surname	Ī					-																					Τ	Τ	Τ			
Previous/Maiden surname	[																											Τ	Γ	Γ		
Forenames in full	[																											Γ			Γ	
Place of death: City/Town	[																										Γ		Ι	Γ	Γ	
Place of Burial: City/Town	[																											Τ	Τ	Γ	Γ	
Province of death/District	[													]	Cou	ntry	of de	eath										Τ	Γ	Γ		
B. PARTICULARS OF APP Identity/Passport number		NT		1		1		]					]		1		]		1							T	T				<b>—</b>	ŢŢ
Surname	L														<u> </u>												╞	╞	<u> </u>	<u> </u>	╞	$\square$
Forenames in full	] 					I																			I T		+	╞	<u> </u>	$\frac{1}{1}$	Ļ	
	Street												<u> </u>													-	╞	╞	<u> </u>	-	╞	
Town∧				L							<i>,</i>						I I			Ļ							Ļ		<u> </u>		L	
Province /D														1		L				P09	stal o	code				<u> </u>	<u> </u>		٦			
Telephone no., incl. area coo	L			 	L								i	]		ell pł	ione									1	1	1	1			
Relationship to the Decease	a:					id/Pa			مامات			1	e/Pa	Inthe	ГВ				Leg	ark	epre	sen	tative	ə 		T	T	٦				
		1				ity of				cas	ie nu	amb I	er: T	r													$\frac{1}{1}$	<u> </u>	T	<del></del>		<b></b>
		1				leas				L		I	L	L	I	I									L	I	L	1	1	L	L	
and belief true and correct in both such fine and such imp		it is i	not t	true,	l sha	all be	e gui	lty o	fan	offe	nce														•		•		eding	) five	: yea	ars of to
Signature of Applicant:	CONTRACTOR NOT THE CONTRACT												l	Date	<b>e</b> :	Y	Y	Y	Y		М	М		D	D	]						
C. APPLICATION RECEIVE	ED BY:																	DOC	CUM	ENT	s su	BMI	TTEC	D: PI	LEA	SE T	ск	. √	]			
Identity Number																			Orig	jinal	ID d	ocu	men	t of a	appl	lican	it wa	as pr	eser	nted		
Surname															]				Pov	ver o	f Att	orne	y									
Forenames in full																	ĺ		Pay	men	t rec	eive	ed, if	app	olica	ble						
Persal No.															-					<b>∩</b> #		tam	n . C	ייבבי	C=			GIN			1	
Date Y	YY	Y		M	м		D	D												01	00 5	an	μ- C	21 F I		UF		GIN				

													I C ica										ſ							DH.	ייי ר
					-								tio					•	!]						I	Baı	r Ce	ode	•		
1000					1	ssu	IED	wп	гно	UΤ	ER	ROF	s o	R A	LTE	ERA	тю	NS					L								-
A. CHILD																															
Surname																										Γ	Γ				
Forenames in full		Γ										1														Τ	Τ	Γ		Γ	Γ
Date of birth	Y	Y	Y	Y	]	Μ	М	Μ	Μ	Μ	M	Μ	Μ	M	]	D	D	](wr	ite m	onth	in fu	ıll)		Sex	c:						Γ
Place of birth: City/Town																]	Pro	vince								Γ	Γ				Γ
Country of birth																										Ι					
B. MOTHER / PARENT A																															
Passport No.																	Dat	te of	birth	Y	Y	Y	Y	1	Μ	М	1	D	D		
Surname											1	Ι								ŀ						Ī	Γ				Γ
Maiden/Previous surname		Γ		Γ	Γ					Γ	Τ	Τ	Τ	Γ			Γ	Τ	Γ	Γ	Γ	Γ			Γ	Т	Γ				Γ
Forenames in full		T									Γ									Ē				I		T	T	Γ		Γ	Γ
Place of birth: City/Town														]	Соц	untry	of b	irth				·				Τ	Γ				
Nationality		Γ	Т	Γ	Γ	Γ	Γ	Γ	Γ	Γ	Γ	Τ	Γ	<b>_</b>	Γ	Γ	Γ	Τ							Γ	Т	T			Γ	Γ
C. FATHER / PARENT B																															
Passport No.						Τ		]					]				]		Dat	te of	birth	Y	Y	Y	Y	1	Μ	Μ	1	D	D
Surname																										Ī					
Forenames in full																															
Place of birth: City/Town														]	Сог	untry	of b	irth													
Nationality																		Ι								Γ	Γ				
D. ENDORSEMENTS								1																	Offi	ice st	amo				
				_																											
Directo	or-Gen	eral		-																											

(83/BI-18)

G P.-S. 83/81-18

# REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS

U	ľ	J,	A	B	R		D	G	iE	I	D	D	E	A	T/	٦ŀ	1	C	)	E	F	27	Г	11	F		C	;	ť.	Т	E
---	---	----	---	---	---	--	---	---	----	---	---	---	---	---	----	----	---	---	---	---	---	----	---	----	---	--	---	---	----	---	---

(Issued in terms of Act 51 of 1992)

Certified a true extract from the death register of:

 1. Identity Number

2.	Surname
З.	Forenames in full
4.	Date of birth: Year Month Day 5. Gender
6.	Occupation
8.	Country of birth
9.	Nature of pension
10.	Residential address
	PARTICULARS OF DEATH
11.	Date of death: Year Month Day
12.	Place of death
13.	Cause of death
14.	Duration of disease or last illness
15.	Name of medical practitioner
16.	Intended place of burial
	INFORMANT

(Official date stamp)

-----

Director-General: Home Affairs

This gazette is also available free online at www.gpwonline.co.za

This gazette is also available free online at www.gpwonline.co.za

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001 Publications: Tel: (012) 334-4508, 334-4509, 334-4510 Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504 Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737 Cape Town Branch: Tel: (021) 465-7531 Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001 Publikasies: Tel: (012) 334-4508, 334-4509, 334-4510 Advertensies: Tel: (012) 334-4673, 334-4674, 334-4504 Subskripsies: Tel: (012) 334-4735, 334-4736, 334-4737 Kaapstad-tak: Tel: (021) 465-7531