G.P.-S. 017-0174

DHA-154

home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

DEPARTMENT: HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR BIRTH 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 ☐
Certified copy of Birth 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 PERSON CONCERNED

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐ Birth Entry No. ☐☐☐☐☐☐☐☐☐☐

Date of birth Y Y Y Y M M M M M M M M M M D D *(write month in full)*

Surname

Previous/Maiden surname

Forenames in full

Place of birth: City/Town

District/Province of birth Country of Birth

B. PARTICULARS OF PARENT A (FATHER)

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Previous/Maiden surname

Forenames in full

Place of birth: City/Town

District/Province of birth Country of Birth

C. PARTICULARS OF PARENT B (MOTHER)

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Previous/Maiden surname

Forenames in full

Place of birth: City/Town

District/Province of birth Country of Birth

D. PARTICULARS OF APPLICANT

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Forenames in full

Residential address: Street

Town/Village

District/Province Postal Code

Telephone No. incl. area code Cell phone No.

Relationship to the person concerned ☐ Parent A (Father) ☐ Parent B (Mother) ☐ Legal Guardian

☐ Social Worker or Authority officer, provide case number

☐ Other, please specity

I ..... hereby declare that the information supplied is to the best of my knowledge

Signature of Applicant ..... Date Y Y Y Y M M D D

E. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY:

Surname

Forenames in full

Persal No.

Date Y Y Y Y M M D D

.....
Signature

DOCUMENTS SUBMITTED: PLEASE TICK ☑

☐ Original ID document of applicant was presented
☐ Power of Attorney
☐ Payment received, if applicable

Office Stamp–OFFICE OF ORIGIN