

Alloca	ated Identi	ty Number	C.	



Annexure 1A NOTICE OF BIRTH (WITHIN 30 DAYS)

[Births and Deaths Registration Act 51 of 1992]

To be completed in full and submi BLOCK LETTERS. Please tick wi																														3LA	CK	INK	wit	h
Date of application	П				1																													
A. DETAILS OF THE CHILD					7			J.		-											-		Y											
Surname																																		
Forenames in full																T		P						1								I		
Date of birth				2/			Ma																			Sex:								
NOTE: If twins or more, provide time	of birt	h for	eac	h ch	ild. F	or ea	ch c	hild,	com	olete	sepa	arate	DH/	\-24 a	and	subm	it all	form	s tog	ethe	r.													
Child 1: Time								Child	3:			Tim	е									Chi	ild 5				Time)			I			
Child 2: Time								Child	14:			Time	е			1						Chi	ild 6:			1	Time				L	I		
Place of birth: City/Town												E				Ι	À] P	rovir	ice		I										I		
Country of birth																Ţ													ľ					
Are the parents of the child married to each other?] If	Yes,	nature	e of n	narria	ige		Civ	il		Cus	ston	nary	Ż	Civi	l Uni	on		Re	eligio	ous:	Spe	ecify		<i>•</i>						
Date of marriage												If Ye	s, end	close	a ce	ertified	сору	of th	e ma	arriag	e cer	rtifice	ate											
NOTE: The palm, foot or fingerprints	of the	child	d mu	ist be	e tak	en an	d aff	ixed	at th	e ba	ck of	this	form	by a	n of	fficial	of the	e Dep	artn	nent.														
B. DETAILS OF MOTHER (PARENT A) Identity number	(In the	cas	e of	Civil	Unior	this	secti	on m	ust b	e co	mplet	ed b	y the	natur	al m	nother)	k							_				7						_
(passport no. if foreigner)	4	V.														ي پلا			Date	of b	irth			_							_	L		
Present surname																	Ų																	
Maiden surname											N		À																					
Forenames in full																																	I	
Place of birth: City/Town			4													Countr	y of b	irth													I			
Residential address Street													17																					
Town/Village			V			1						Ø							F	rovir	ice										I			
Telephone no., incl. area code											c	ell pl	hone	no.													Po	stal c	ode:		I			
E-mail address																						Ι		I							I			
Citizenship																	Pern	naner	nt/Ter	npor	ary p	ermi	it no	. [I	T		
C. DETAILS OF FATHER (PARENT B)																																		
Identity number (passport no. if foreigner)																			Date	of b	irth													
Present surname				7																											I			
Maiden surname		1											T									T									Τ	T	T	
Forenames in full																						I		I							I	Ī		
Place of birth: City/Town																Countr	of b	irth				I									I		I	
Residential address Street																															T	T	T	
Town/Village																			F	rovir	ice		Τ	I								I		
Telephone no., incl. area code											C	ell pl	hone	no.								I					Po	stal c	ode:		Ι	I		
E-mail address																															I			
Citizenship																	Pern	naner	nt/Tei	npor	ary p	ermi	it no	. [I			

D. ACKNOWLEDGEMENT OF PATERNITY OF A CHILD BORN OUT OF WEDLOCK I hereby declare that I am the biological father of the child Mother's consent to the acknowledgement of paternity Initials and surname Signature Initials and surname Signature Identity number (passport no. if foreigner) Identity number (passport no. if foreigner) Date Date E. DETAILS OF THE APPLICANT / NEXT OF KIN / LEGAL GUARDIAN / SOCIAL WORKER (if Applicant is not the parent, please complete and submit Form DHA-288/B, where applicable) Relationship to child, if next of kin: Identity number (passport no. if foreigner) Date of birth Social Workers Case No: (Attach copy of Court order) Surname Forenames in full Place of birth: City/Town Country of birth Residential address Street Town/Village Province Telephone no., incl. area code Cell phone no. Postal code E-mail address Citizenship Permanent/Temporary permit no. F. DECLARATION BY APPLICANT Does one of the parents have a pending application for asylum in the Republic? If Yes, status of application and attach copy asylum seeker permit (s22 ito Refugees Act) I, _______hereby declare that the information supplied in this Application is to the best of my knowledge and belief, true and correct. I understand that any false statement made in this Application and supporting documents is an offence and punishable in terms of section 31 of the Births and Deaths Registration Act of 1992. Mother (Parent A) Date Initials and surname Place Signature Father (Parent B) Date Initials and surname Place Signature Applicant, if not Mother or Father Initials and surname Place Signature Relationship to the child: Next of Kin

Legal guardian

Social worker

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