



Allocated Identity Number:

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Annexure 1A
NOTICE OF BIRTH
(WITHIN 30 DAYS)

[Births and Deaths Registration Act 51 of 1992]

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

Date of application

A. DETAILS OF THE CHILD

Surname

Forenames in full

Date of birth Sex:

NOTE: If twins or more, provide time of birth for each child. For each child, complete separate DHA-24 and submit all forms together.

Child 1: Time Child 3: Time Child 5: Time

Child 2: Time Child 4: Time Child 6: Time

Place of birth: City/Town Province

Country of birth

Are the parents of the child married to each other? If Yes, nature of marriage Civil Customary Civil Union Religious: Specify _____

Date of marriage *If Yes, enclose a certified copy of the marriage certificate*

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

B. DETAILS OF MOTHER (PARENT A) (In the case of Civil Union this section must be completed by the natural mother)

Identity number (passport no. if foreigner) Date of birth

Present surname

Maiden surname

Forenames in full

Place of birth: City/Town Country of birth

Residential address Street

Town/Village Province

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

E-mail address

Citizenship Permanent/Temporary permit no.

C. DETAILS OF FATHER (PARENT B)

Identity number (passport no. if foreigner) Date of birth

Present surname

Maiden surname

Forenames in full

Place of birth: City/Town Country of birth

Residential address Street

Town/Village Province

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

E-mail address

Citizenship Permanent/Temporary permit no.

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
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Initials and surname	Signature
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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? Yes No

If Yes, status of application and attach copy asylum seeker permit (s22 i to 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)

Initials and surname	Signature
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Date

Place

Father (Parent B)

Initials and surname	Signature
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Date

Place

Applicant, if not Mother or Father

Initials and surname	Signature
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Date

Place

Relationship to the child: Next of Kin Legal guardian Social worker

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

LEFT	RIGHT
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H. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED AND VERIFIED BY:

Surname

First name

Persal number

Office stamp - Office of Origin

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

DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK

- | | |
|---|--|
| <input type="checkbox"/> Proof of Birth Form (DHA-24/PB) | <input type="checkbox"/> Paternity test results (if applicable) |
| <input type="checkbox"/> Certified copy of Mother's/Parent A's ID | <input type="checkbox"/> Copy of valid passport (all pages) |
| <input type="checkbox"/> Certified copy of Father's/Parent B's ID (if applicable) | <input type="checkbox"/> Affidavit (DHA-288/B) |
| <input type="checkbox"/> Certified copy of Next of Kin / Legal Guardian/Social Worker's ID | <input type="checkbox"/> Affidavit (DHA-288C) |
| <input type="checkbox"/> Certified copy of Marriage / Civil Union/ Customary Marriage Certificate of parents (if married) | <input type="checkbox"/> Certified copy of court order (abandoned/orphaned children) |
| <input type="checkbox"/> DHA-1658 if married religiously i.e. Muslim, Hindu | <input type="checkbox"/> Certified copy of death certificate (if applicable) |
| <input type="checkbox"/> Certified copy of Social Worker's Registration Certificate | |

If foreign birth, additional documents:

- Certified copy of the Foreign birth certificate of the child
- Citizenship determination Form DHA-529 (SA Parent)
- Citizenship determination Form DHA-529 (Child)
- Copy of refugee permit (s24 ito Refugees Act), if applicable
- Copy of Asylum Seeker permit (s22 ito Refugees Act), if applicable
- Copy of permit (to Immigration Act), if applicable

Online verification performed and printouts attached for following persons:

Mother (Parent A)
 Father (Parent B)
 Next of Kin
 Legal guardian
 Social worker

Date

Signature _____

I, APPLICATION RECEIVED AND VERIFIED:

STATUS Approved Rejected

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

Persal Number:

Date:

Signature _____