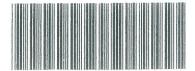


NOTICE OF BIRTH

(Births and Deaths Registration Act 51 of 1992) (Section 9)



To be completed in full and submitted at the Department of Home Affair's 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 legib	le s	hal	l no	ot b	e a	cce	otec																										
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A. DETAILS OF THE CHILD								_			r	1	_		1	_	_			T		1	-		_								
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F. DECLARATION	
I,, hereby declare that the information supplied is to the best of my knowledge and belief, true an statement is punishable under section 31 of the Births and Deaths Registration Act of 1992.	and correct. I understand that a false
Informant	
Date V Y Y Y	a M D D
Initials and surname Signature Place	
Relationship to the child: Father (Parent A) Mother (Parent B) Legal guardian Social worker Next of kin	
Child (15 years or Older)	
Date Y Y Y Y	M M D D
Initials and surname Signature Place	
G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN Office stamp - Office of the control	of origin
NOTICE OF BIRTH RECEIVED BY:	
Identity number Surname First name Persal number	
Stat Birth 1 O S M	
	*
DOCUMENTS SUBMITTED WITH THIS APPLICATION PLEASE TICK	f foreign birth:
by informant and Commissioner of Oaths DHA-24/A for the child DHA-24/A for the informant Certified copy of informant's ID document Foreign ID document(nt(s) of the child e child's father / mother
NPR verification performed for following persons:	
Parent 1 (Father) Parent 2 (Mother) Informant Reference person (if applicable) Child	
NPR verification results: Please enter the barcode numbers of the fingerprint verification results:	
DHA-24/A of the child: DHA-24/A of the informant: If On-line verification is available at the front office, please provide the fingerprint verification results: Fingerprints of the child No hit If other result, please comment:	
Fingerprints of the informant Hit If other result, please comment:	
Online verification performed and printouts attached for following persons: Father (Parent A) Mother (Parent B) Legal guardian Social worker Next of kin Date Signature	
H. APPLICATION VERIFIED	
Date Initials and surname	
I hereby declare that I have verified the application and registration Signature Signature	
Identity number Persal number	