



DEPARTMENT: HOME AFFAIRS, REPUBLIC OF SOUTH AFRICA

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 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.

Date of application

A. DETAILS OF THE CHILD

Form section A: Surname, Forenames in full, Date of birth, Place of birth: City/Town, Province, Country of birth, Are the parents of the child married to each other?, Date of marriage, Telephone no. incl. area code, Cell phone no.

COMPULSORY SECTION: Reasons for registering after 30 days as per section 9(1)

B. DETAILS OF FATHER (PARENT A)

Form section B: Identity number (passport if foreigner), Date of birth, Present surname, Maiden surname, Forenames in full, Place of birth: City/Town, Country of birth, Current contact address Street, Town/Village, Province, Telephone no. incl. area code, Cell phone, Postal code, Citizenship, Permanent/Temporary permit no.

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

Form section C: Identity number (passport if foreigner), Date of birth, Present surname, Maiden surname, Forenames in full, Place of birth: City/Town, Country of birth, Current contact address Street, Town/Village, Province, Telephone no. incl. area code, Cell phone, Postal code, Citizenship, Permanent/Temporary permit no.

D. ACKNOWLEDGEMENT OF PATERNITY OF CHILD BORN OUT OF WEDLOCK

I hereby declare that I am the biological father of the child

Form section D (Father): Initials and surname, Signature, Identity number (passport if foreigner), Date

Mother's consent to the acknowledgement of paternity

Form section D (Mother): Initials and surname, Signature, Identity number (passport if foreigner), Date

E. DETAILS OF LEGAL GUARDIAN/SOCIAL WORKER/NEXT OF KIN/PARENT

Form section E: Identity number (passport if foreigner), Date of birth, Social Workers Case No., Surname, Forenames in full, Place of birth, Country of birth, Residential address Street, Town/Village, Province, Telephone no., Incl. area code, Cell phone no., Postal code, Citizenship, Permanent/Temporary permit no.

F. DECLARATION

I, _____, hereby declare that the information supplied is to the best of my knowledge and belief, true and correct. I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act of 1992.

Informant

Initials and surname	Signature
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Date

Place

Relationship to the child: Father (Parent A) Mother (Parent B) Legal guardian Social worker Next of kin

Child (15 years or Older)

Initials and surname	Signature
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Date

Place

G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

NOTICE OF BIRTH RECEIVED BY:

Identity number

Surname

First name

Persal number

Stat		Birth	
1	O	S	M
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office stamp - Office of origin

DOCUMENTS SUBMITTED WITH THIS APPLICATION PLEASE TICK

- Affidavit DHA-288
- DHA-24/A for the child
- DHA-24/A for the informant
- Marriage certificate of the parent (copy)
- 2 photographs of the child
- Any other documentation, please specify _____

- Each page of Affidavit initialled by informant and Commissioner of Oaths
- Original ID document of informant was presented
- Certified copy of informant's ID document
- Hospital/Clinic/Maternity certificate (copy)

Additional documents, if foreign birth:

- Foreign birth certificate of the child (copy)
- Citizenship determination form DHA-529
- Foreign ID document(s) of the child
- Birth certificate of the child's father / mother
- ID document of the 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

I hereby declare that I have verified the application and registration

Initials and surname _____

Signature _____

Identity number

Persal number