G.P.-S. 06/14 DHA-288



DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

ANNEXURE 2B AFFIDAVIT BY PARENT IN SUPPORT OF NOTICE OF BIRTH GIVEN AFTER 1 YEAR

[Births and Deaths Registration Act 51 of 1992] [Section 9(3A)]

To be completed by the parent. The parent and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 /LRB and DHA-24/A (if the person whose birth is sought to be registered is 7 years or older). The parent to present his/her original ID document. The form must be completed in BLACK INK with BLOCK LETTERS. Please mark I the CORRECT box, where required. Attach School (including Pre-School) reports and proof of qualification(s). Applications that are not legible shall not be accepted.

A. DETAILS OF THE PARENT (if deceased, indicate details of the person making the affidavit)																													
Identity number															C	Citizen	ship												
Date of birth (YYYYMMDD)									Pas	sport	no./F	erm	anent	reside	ence	permi	t no.	A											
Surname																	4												
Previous/Maiden surname																													
Forenames in full																													
Place of birth															Count	ry of I	birth												
Current contact address Street												Á																P	
Town/Village																Prov	ince												
Telephone no., incl. area code													Cell	phone	no.														
E-mail address								4		444																			
Postal address												Ų.		X		1	7												
Province													V		M									Po	ostal d	code			
Relationship to the child:		Mot	her/P	arent	A			Fath	er/Pa	rent l	3			Nex	of ki	in				Lega	l gua	rdian							
B. DETAILS OF THE CHILD /	PER	SON	SEE	KIN	G T) BE	REC	SIST	ERE	D						Ų.		N											
Surname as at birth		A											N				Ų.			P									
Forenames in full																			7										
Date of birth (YYYYMMDD)			N.														Sex												
Town/City of birth																Prov	ince												
Country of birth																								Po	ostal d	code			
Current contact address Street			V											7															
Town/Village												1				Prov	ince												
Telephone no., incl. area code													Cell	phone	no.														
E-mail address (if available)																													
Language (mother tongue)					T T									Se	cond	langu	age [
C. DETAILS OF LIFE EVENTS	OF T	THE	CHII	LD																									
C1. INSTITUTION OF BIRTH - COM	<u>/IPUL</u>	SOR	(
Place of birth		Publ	lic hos	spital			Priva	ate ho	spita			Doo	ctor's	office			At ho	ome			Clini	c	Othe	er					
Name of place of birth				1																									
Full address Street																													
Town/Village																Prov	ince												
Telephone no., incl. area code												Cell	phone	e no.										Po	ostal c	code			
E-mail address																													
Contact person's name																													Ī

C2. RELIGIOUS CEREMONY PERI	FORM	/IED (ON TI	HE CI	HILD	/ PEF	RSON	TO E	BE RE	GIST	ERE	D																	
Institution name																													
Contact address Street																													
Town/Village																Provinc	се												
Telephone no., incl. area code												Cell	ohone	e no.				T						Po	stal c	ode			
E-mail address																		T											
Contact person's name																		T											
Date of ceremony (YYYYMMDD)										Тур	e of o	ceren	nony										1						
C3. PRE-SCHOOL OR CRECHE A	TTEN	DED																				Á							
Institution name																													
Contact address Street																													
Town/Village																Provinc	се							A					
Telephone no., incl. area code												Cell	ohone	e no.				K						Po	stal c	ode			
Contact person's name																1													
Period of attendance (YYYYMMDD)		F	rom											То				10/2											
C4. PRIMARY SCHOOL ATTENDE	D																******					****		\					
Was more than one school attended	1?		Yes			No			If ye	s, pro	vide	detail	s of t	he sc	nool w	ith mo	st veri	fiable	inform	ation								۵	
Name of school																4												1	
Contact address Street																													
Town/Village									1				A			Provinc	ce									4			
Telephone no., incl. area code												Cell	phon	e no.			4							Po	stal c	ode			
Contact person's name																1		T											
Period of attendance (YYYYMMDD)		F	rom											То				T											
Grac	de at a	admis	sion							Н	ighes	t grad	de pa	ssed															
C5. SECONDARY SCHOOL ATTEN	NDED)		1			-	-		-										4									
Was more than one school attended	1?		Yes			No			If ye	s, pro	vide	detai	ls of t	the sc	hool w	ith mo	st ver	fiable	inform	ation									
Name of school																		F											
Contact address Street																	4								3.7				
Town/Village																Provin	се												
Telephone no., incl. area code			N									Cell	phon	e no.										Po	stal c	ode			
Contact person's name		-												7		Ì	Ī											T	
Period of attendance (YYYYMMDD)		F	rom							Str.				То			T	Ī	Ī										
Grad	de at a	admis	ssion							Н	ighes	t grad	de pa	ssed															
C6. TERTIARY INSTITUTION ATTE	NDE	D				SIL																	_						
Was more than one institution atten			Yes			No			If ye	s, pro	vide	detai	ls of t	the sc	hool w	vith mo	st ver	fiable	inform	ation									
Name of institution																		T											
Contact address Street	Г		Т															Ť	T										
Town/Village	F				A	7								T		Provin	се	Ť	İ										
Telephone no., incl. area code					7							Cell	phon	e no.				T	İ					Po	stal o	ode			
E-mail address																T		Ť	T	Ī								Ì	
Contact person's name	F															\top		T	T			T							
Period of attendance (YYYYMMDD)			From	Г									-	То		\pm		T	1	Ī		1							
		Сс	ourse												Qı	ualifica	tion o	otaine	d										
				1								1	1	1	1				L.		-	1	-		-			_	_

C7. EMPLOYMENT RECORD - TH	IE M	OST F	RECE	NT E	MPL	OYER																									
Employer					Π																										
Physical address Street					T			Ī					T																		
Town/Village													T			Prov	vince	Г					T				T				
Postal address									Г					$\overline{}$																	
Province					T								T												Po	ostal	code				
Telephone no., incl. area code					Cell	phon	e no.																								
Contact person's name																							1		Ī						
Period of employment (YYYYMMDE	0)	F	rom											То								A									
Nature of work performed																					-		N								
C8. REFERENCE PERSON TO THE	E CH	ILD -	СОМ	PULS	SORY																										
The reference to the birth is		Witr	iess t	o the	birth			Fam	nily m	embe	r		Leg	al gua	ardian			Pas	tor/Pr	iest			Triba	al aut	hority	r:		Soc	al wo	rker	
		Pers	son w	ho ra	ised t	he pe	rson						Oth	er, ple	ease s	pecif	у														
Identity number															С	itizen	ship														
Date of birth (YYYYMMDD)									Pas	sport	no./F	erma	nent	reside	ence p	oermi	t no.														
Surname															2000man																
Previous/Maiden surname																															
Forenames in full											1																N.				
Physical address Street										4																		7			
Town/Village									P							Prov	rince	7									1				
Postal address														À.																	
Province Postal code																															
Telephone no., incl. area code Cell phone no.																															
Registered place of birth			A											(Count	ry of I	birth														
Since what date have you been asso	ociate	d with	a pe	erson	whos	e birt	h is r	equire	ed to	be re	gister	ed?								Date	(YYY	YMV	IDD)								
D. DECLARATION / OATH / A	FFIR	MAT	ION									· ·						\													
NOTE: Commissioner of Oaths mu	ist be	an a	utho	rised	DHA	offic	ial at	the	office	whe	re ap	plica	tion i	s sub	mitte	d															
l,				<u></u>						, here	by de	clare	unde	r oati	n/affiri	m tha	at the	inforr	natior	subr	nitted	d in th	nis Aff	idavit	t and	the N	lotice	of Bir	th is	rue	
and correct, and I understand that a	false	state	ment	is pu	nisha	ble ur	nder :	sectio	n 31	of the	Birth	is an	d Dea	ths R	egistr	ation	Act 5	51 of 1	1992.												
Signature of deponent			X		h									Į.			Date	(YYY)	YMM	DD)	3	3"	*	Y		ŝø	6/3		ij.	Ð	
I certify that before administering the	oath	l ask	ed th	e dep	onen	t the	follov	ving c	questi	ons a	nd w	rote c	down	his or	her a	ınswe	ers in	his or	her p	reser	ice:										
(1) Do you know and understand th	e cor	ntents	of thi	is de	clarati	ion?							Ansv	ver:																	
(2) Do you have any objection to tal													Ansv	ver:																	
(3) Do you consider the prescribed	oath	as bir	nding	on yo	our co	nscie	nce?						Ansv	ver:																	
					he kn	ows a	ınd u	nders	tands	the (conte	nts o	f this	decla	ration	whic	ch wa	s swc	rn to/	affirm	ed b	efore	me a	nd th	at the	dep	onent	's sigi	nature		
I certify that the deponent has acknowledged that he or she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature or mark was affixed to the declaration in my presence.																															
Signature of the Commissioner of Oaths Office stamp - OFFICE OF ORIGIN																															
full first names and surname																															
Designation (rank)																															
Business Address																															
Date									Р	lace .																					
The deponent and the Commissioner of Oaths to initial each page of the Affidavit.																															

E. FOI	R OFFICI	AL USE	ONLY- OFFI	CE OF ORIGIN	
NOTIC	E OF BIRT	H RECEIV	ED BY:		
	Stat		Birth	Date (YYYYMMDD)	Office stamp - OFFICE OF ORIGIN
ŀ	0	S	М		
				Initials and surname	
	++				
				Signature	
				Persal number	

