



**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 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	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth (YYYYMMDD)	<input type="text"/>	Passport no./Permanent residence permit no.	<input type="text"/>
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Place of birth	<input type="text"/>	Country of birth	<input type="text"/>
Current contact address Street	<input type="text"/>		
Town/Village	<input type="text"/>	Province	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
Province	<input type="text"/>	Postal code	<input type="text"/>
Relationship to the child:	<input type="checkbox"/> Mother/Parent A	<input checked="" type="checkbox"/> Father/Parent B	<input type="checkbox"/> Next of kin <input type="checkbox"/> Legal guardian

B. DETAILS OF THE CHILD / PERSON SEEKING TO BE REGISTERED

Surname as at birth	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth (YYYYMMDD)	<input type="text"/>	Sex	<input type="text"/>
Town/City of birth	<input type="text"/>	Province	<input type="text"/>
Country of birth	<input type="text"/>	Postal code	<input type="text"/>
Current contact address Street	<input type="text"/>		
Town/Village	<input type="text"/>	Province	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>
E-mail address (if available)	<input type="text"/>		
Language (mother tongue)	<input type="text"/>	Second language	<input type="text"/>

C. DETAILS OF LIFE EVENTS OF THE CHILD

C1. INSTITUTION OF BIRTH - COMPULSORY

Place of birth	<input type="checkbox"/> Public hospital	<input type="checkbox"/> Private hospital	<input type="checkbox"/> Doctor's office	<input type="checkbox"/> At home	<input type="checkbox"/> Clinic	<input type="checkbox"/> Other
Name of place of birth	<input type="text"/>					
Full address Street	<input type="text"/>					
Town/Village	<input type="text"/>	Province	<input type="text"/>	Postal code	<input type="text"/>	
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>	Postal code	<input type="text"/>	
E-mail address	<input type="text"/>					
Contact person's name	<input type="text"/>					

C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD / PERSON TO BE REGISTERED

Institution name																									
Contact address	Street																								
	Town/Village																			Province					
Telephone no., incl. area code									Cell phone no.									Postal code							
E-mail address																									
Contact person's name																									
Date of ceremony (YYYYMMDD)									Type of ceremony																

C3. PRE-SCHOOL OR CRECHE ATTENDED

Institution name																										
Contact address	Street																									
	Town/Village																			Province						
Telephone no., incl. area code									Cell phone no.									Postal code								
Contact person's name																										
Period of attendance (YYYYMMDD)	From									To																

C4. PRIMARY SCHOOL ATTENDED

Was more than one school attended? Yes No If yes, provide details of the school with most verifiable information

Name of school																										
Contact address	Street																									
	Town/Village																			Province						
Telephone no., incl. area code									Cell phone no.									Postal code								
Contact person's name																										
Period of attendance (YYYYMMDD)	From									To																
	Grade at admission			Highest grade passed																						

C5. SECONDARY SCHOOL ATTENDED

Was more than one school attended? Yes No If yes, provide details of the school with most verifiable information

Name of school																										
Contact address	Street																									
	Town/Village																			Province						
Telephone no., incl. area code									Cell phone no.									Postal code								
Contact person's name																										
Period of attendance (YYYYMMDD)	From									To																
	Grade at admission			Highest grade passed																						

C6. TERTIARY INSTITUTION ATTENDED

Was more than one institution attended? Yes No If yes, provide details of the school with most verifiable information

Name of institution																										
Contact address	Street																									
	Town/Village																			Province						
Telephone no., incl. area code									Cell phone no.									Postal code								
E-mail address																										
Contact person's name																										
Period of attendance (YYYYMMDD)	From									To																
	Course											Qualification obtained														

C7. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER

Employer

Physical address Street

Town/Village Province

Postal address

Province Postal code

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

Contact person's name

Period of employment (YYYYMMDD) From To

Nature of work performed

C8. REFERENCE PERSON TO THE CHILD - COMPULSORY

The reference to the birth is Witness to the birth Family member Legal guardian Pastor/Priest Tribal authority Social worker

Person who raised the person Other, please specify

Identity number Citizenship

Date of birth (YYYYMMDD) Passport no./Permanent residence permit no.

Surname

Previous/Maiden surname

Forenames in full

Physical address Street

Town/Village Province

Postal address

Province Postal code

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

Registered place of birth Country of birth

Since what date have you been associated with a person whose birth is required to be registered? Date (YYYYMMDD)

D. DECLARATION / OATH / AFFIRMATION

NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted

I, _____, hereby declare under oath/affirm that the information submitted in this Affidavit and the Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

Signature of deponent _____ Date (YYYYMMDD)

I certify that before administering the oath I asked the deponent the following questions and wrote down his or her answers in his or her presence:

- (1) Do you know and understand the contents of this declaration? Answer: _____
- (2) Do you have any objection to taking the prescribed oath? Answer: _____
- (3) Do you consider the prescribed oath as binding on your conscience? Answer: _____

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 _____

Full first names and surname _____

Designation (rank) _____

Business Address _____

Date _____ Place _____



The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

E. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

NOTICE OF BIRTH RECEIVED BY:

Stat		Birth	
I	O	S	M

Date (YYYYMMDD)

Initials and surname _____

Signature _____

Persal number

Office stamp - OFFICE OF ORIGIN

COPY