

## DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

## ANNEXURE 2A AFFIDAVIT FOR NOTICE OF BIRTH GIVEN AFTER 30 DAYS UP TO 1 YEAR

## [Births and Deaths Registration Act 51 of 1992]

[Section 9(3A)]

To be completed by the <b>parent</b> . The <b>par LETTERS</b> . Please mark ☑ the CORREC*	rent ar T box,	nd Co wher	omm re re	ilssio quire	ner c	of Oa	ths to	init	tial e	ach   re no	oage.	To ible	be : e sh	subr	nitted ot b	d tog	gethe cept	r wi ed.	ith Di	HA-2	4 for	m. Th	ne for	m mu	ust be	con	nplet	ted i	n BL	ACK	INK	with E	LOC	К
Date of application				1						Ţ																								
A. DETAILS OF THE PARENT																																		
Identity number												I						Cit	tizen	ship														
Date of birth (YYYYMMDD)						T				Pas	sspor	t no	o./Pe	erma	inent	resi	idenc	e pe	ermit	t no.					Ι		I							
Surname																	7										T							
Previous/Maiden surname												T						T									1							
Forenames in full					T	Ι							4												T		Ī		Ų				1	
Place of birth						T					K						Cou	intry	y of b	oirth				I						N				
Current contact address Street						Ι			7									Ì							Ι	T	T			A				
Town/Village				T		T	T	1			Ì	T	П	À		Γ	7	1	Provi	ince		Γ		Τ	Τ		T	T						
Telephone no., incl. area code						T	T	T			Π	1			Cell	pho	ne no	S. [									Ī	Ī						
E-mail address												T				Γ	Í						T	Ī	Ī	Ī	Ī							
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Province		Y				T				1	T	Γ					T	T								7		Pos	stal c	ode				
Relationship to the child:		Mot	her/F	arer	it A				Fath	er/P	arent	В	\\		A			•								_								
B. DETAILS OF THE CHILD	V													T					- 4															
Surname as at birth												I															I							
Forenames in full		N										Ι		1	7			T					Γ		Γ		T	T						
Date of birth (YYYYMMDD)				K	I								4	Sex				I																
Place of birth						4												I																
Contact number																																		
C. COMPULSARY FOR THE NOTI					4																													
			,									*****																						
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The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

	missioner of Oaths must be an authorised DHA official at the office where application is												
true and correct, and I understand that a	hereby declare under oath/affirm that the information stales statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.	submitted in this Affidavit and the Notice of Birth is											
Signature of deponent	Date (YYYYMMDD)												
I certify that before administering the oat	th 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 co	ontents of this declaration?  Answer:												
(2) Do you have any objection to taking	the prescribed oath?  Answer:												
(3) Do you consider the prescribed oath	n as binding on your conscience?  Answer:												
I certify that the deponent has acknowle was affixed to the declaration in my pres	dged that he or she knows and understands the contents of this declaration which was sworn to/affirmed b												
Signature of the Commissioner of Oaths													
Surnaine													
Forenames													
Designation (rank)													
Persal number													
Business Address													
Area code		Departmental Stamp											
Place													
Date													
E. FOR OFFICIAL USE ONLY- OF	FICE OF ORIGIN												
Notice of birth and affidavit received by													
Surname													
Forenames													
Persal number		Departmental Stamp											
Signature													
Date													

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