DEPARTMENT: HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

ANNEXURE 2C
AFFIDAVIT GIVEN BY NEXT OF KIN / LEGAL GUARDIAN

[Births and Deaths Registration Act 51 of 1992]
[Section 9(3A) and Regulation 6(7)]

To be completed by the **next of kin/legal guardian**. The **next of kin/legal guardian** and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 form. The form must be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark ☑ the CORRECT box, where required. **Applications that are not legible shall not be accepted.**

Date of application ☐☐☐☐ ☐☐ ☐☐ ☐ Registration within **30 Days** ☐ Registration after **30 Days upto 1 year** ☐ Registration after **1 Year**

A. DETAILS OF THE NEXT OF KIN / LEGAL GUARDIAN

Identity number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Citizenship e.g: RSA ☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Previous/Maiden surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Forenames in full ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Place of birth ☐☐☐☐☐☐☐☐☐☐☐☐☐ Country of birth ☐☐☐☐☐☐☐☐☐☐☐☐☐

Relationship to child ☐ Next of kin ☐ Legal guardian (Attach proof of guardianship)

Current contact address Street ☐☐

Town/Village ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

E-mail address ☐☐

Postal address ☐☐

Province ☐☐ Postal code ☐☐☐☐

Are you listed on the sexual offences register? ☐ Yes ☐ No If yes, please provide details _____

B. DETAILS OF THE CHILD / PERSON

Surname as at birth ☐☐

Forenames in full ☐☐

Date of birth (YYYYMMDD) ☐☐☐☐☐☐☐☐ Sex ☐☐☐☐☐☐

Place of birth ☐☐

Contact number ☐☐☐☐☐☐☐☐☐☐ Cell phone no. ☐☐☐☐☐☐☐☐☐☐

C. DETAILS OF THE CHILD'S GRANDPARENT

Identity number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Citizenship e.g: RSA ☐☐☐☐☐☐☐☐☐☐☐☐☐

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

Surname ☐☐

Forenames in full ☐☐

Date of birth (YYYYMMDD) ☐☐☐☐☐☐☐☐ Sex ☐☐☐☐☐☐

Place of birth ☐☐☐☐☐☐☐☐☐☐☐☐☐ Country of birth ☐☐☐☐☐☐☐☐☐☐☐☐☐

Current contact address Street ☐☐

Town/Village ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

E-mail address ☐☐

Postal address ☐☐

Province ☐☐ Postal code ☐☐☐☐

Specify type of grandparent ☐ Grandmother ☐ Grandfather

D. COMPULSORY - REASONS FOR MAKING AN APPLICATION FOR A BIRTH CERTIFICATE

I, ... the next of kin / legal guardian of.....
declare that I register the birth of the above mentioned child instead of parents because of the following reason(s):

.....

.....

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

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

I,....., the next of kin / legal guardian, 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.

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: _____

Signature of deponent _____ Date (YYYYMMDD) Y Y

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

Surname

Forenames

Persal number

Designation (rank)

Business Address

Area code

Date Y Y M M D D

Date

Departmental Stamp

F. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

NOTICE OF BIRTH AND AFFIDAVIT RECEIVED BY:

Surname

Forenames

Persal number

Date Y Y

Signature _____

Departmental Stamp

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

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