Signature: _



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR BIRTH CERTIFICATE

[Births and Deaths Registration Act 51 of 1992]

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 link with BLOCK LETTERS. Please mark with [2] the CORRECT box, where required. Applications that are not legible shall not be accepted. Please select below which certificate is required: Certified copy of Birth Register (vault copy) **Unabridged Certificate** Handwritten abridged certificate **Abridged Certificate** Please provide reasons for applying for this certificate [compulsory in terms of Section 29 (2) 9 (b) of the Act] A. PARTICULARS OF PERSON Birth Entry Number Identity Number D 5 (write month in full) Date of Birth Surname Previous/Maiden Surname Forenames (in full) Place of Birth: City/Town County of Birth District/Province of Birth B. PARTICULARS OF FATHER PARENT A Identity Number Surname Previous/Maiden Surname Forenames (in full) Place of Birth: City/Town County of Birth District/Province of Birth C. PARTICULARS OF FATHER/PARENT B Identity Number Surname Previous/Malden Surname Forenames (in full) Place of Birth: City/Town County of Birth District/Province of Birth D. PARTICULARS OF APPLICANT **Identity Number** Sumame Forenames (in full) Residential Address: Street Town/Village Postal Code District/Province Cell No. Tel No. incl Area Code Mother/Parent B Father/Parent A Legal Guardian Relationship to the person concerned: Social Worker or Authority Officer, provide case number: Other, please specify I ______ (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief true and correct. In case it is not true, I shall be guilty of an offence and on conviction liable to a fine or imprisonment for a period not exceeding five years of to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992). Date: Y Y Y Y M M D Signature of Applicant: _ FOR OFFICIAL USE ONLY DOCUMENTS SUBMITTED: PLEASE TICK 7 Original ID document of applicant was presented APPLICANT RECEIVED BY: Power of Attorney Sumame Payment received, if applicable Forenames (in full) Persal No. Official Stamp - OFFICE OF ORIGIN Date YYYY 54 64