

DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

## AFFIDAVIT IN SUPPORT OF NOTICE OF BIRTH

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

To be completed by the Information To be submitted together with Please mark with 12 the COR	DHA-24 and DH	A-24/A f	orms.	The f	om r	nust b	è com	olete	d in b	ack ii	ik wi	ih Bi acc	OCK	LET	TEI	<b>RS.</b> .	
A. DETAILS OF THE IN	FORMANT																
Identity number							]	Cit	izenship				П	T	T		
Date of birth (YYYY/MM/DD)					Pass	port No esidend	./Permar e permit	ent No.						Ī			
Surname												$\prod$					=
Previous/Maiden surname												I			T		
Forenames in full												T					
Current contact address Street	1														$\overline{\square}$		
Town/Village							Provin	CB									٦
Telephone No., incl. area code					]		Ce	ll pho	эпв Мо.					T	$\overline{\Box}$		Ī
Postal address														T			Ī
Province												Posta	d Code				7
Registered place of birth							Country	ot bir	rth								Ī
Relationship to the child	Parent 1 (Father)	F	Parent 2	? (Moth	er)		Family please										Ī
	Legal guardian		Social w														Ī
	Other, please specify															T	Ī
If you are not the parent or the legal gua	ardian, provide the reas	son why yo	ou are ç	jiving th	e notic	e of bir	th (COMI	•ULS	ORY SE	CTION	<b>4</b> ]:		-				
	***************************************	-/				·	*************	• • • • • • • • • • • • • • • • • • • •	***********			******		144771170	******	*********	
***************************************	***************************************	***************************************			*********	**********	***********	******		********		••••	*********		/***arrea	*********	
	***********************		**********	*******		*********	**********		***********				**********				
B. DETAILS OF THE CHI	LD	<del></del>	··· · · · ·						<del></del>			<del>,</del>		<del>,</del>			_
Surname as at birth																	
Forenames in full									Щ								]
Date of birth (YYYY/MM/DD)							Gend	ər									
Town/City of birth							Province	e _				$\prod$			I		]
Country of birth											1	Postal	Code				
Current contact address Street																	
Town/Villuge						]	Province	• [							$\Box$		
Telephone No., incl. area code							Cell	phon	e No.						$\overline{\perp}$		
anguage (mother tongue)							Secon languag	d e						$\prod$			

C. DETAILS OF LIFE E					E C	Hii	_D																		<del></del>					•••••
Place of birth Public ho				Priv	ate h	iosbi	fal [			С	linic	Γ	7		At	hon	e		1	C	Othe	۲	••••				···································			
Name of place of birth							Τ	Ī				Ī	_				Γ	T	<u>-</u>	7			T	T	T	7	T	Ţ	_	
Full address Stree	et [			T		T		T	T	T	T	Ţ		1				T	T				T	T	Ŧ	T	一	T	寸	
Town/Village	•				Ī		T	T	T	T	Ť	7		Pro	vinc	e	Γ	Ť	T	T			<u> </u>	T	T	Ť	十	Ť	T	
Postal code				7							<u> </u>						-		L_	L			<b>L</b>				ساسد			
Telephone No., incl. area code				<u> </u>		Τ	T	T		7					Celi	pho	วกอ	No.	Γ	_				Τ	T	T	Т	T	T	
Contact person name				Ī		I	<u>.</u>	Ī	İ	Ī	Ţ							Τ	T						Ī	İ	$\overline{\mathbb{T}}$	İ	T	
C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD																														
Institution name				T	Ţ	<u> </u>	1	Τ	T	T	T	-	1	$\neg$	Т	_		Τ	Ţ	T	7				Т	Τ	$\top$	Т	1	٦
Contact address Street	H			T	<u>'</u>	<u></u> -	J	Γ	<del></del>	T	<u> </u>	T	<del>-</del>	_	<del></del>			T	T						<u></u>	÷	士	$\frac{\perp}{1}$	$\frac{1}{1}$	
Town/Village	Ħ		1	T	T	T	İ	T		T	<del> </del>	i	<u>i</u> ,	Pro	winc	l		T	Ţ	7	Ť	   		_	<u></u>	Ŧ	十	$\frac{\bot}{\top}$	<u> </u>	
Postal code	П		Ť	7			· · · · ·	-l		F	L.,,,	_,				,						- 1			ل			L		ئــــ
Telephone No., incl. area-code			T			Τ	Τ	T		7				(	Cell	pho:	ne l	No.		Ţ		$\Box$			Γ	Т	7		Т	7
Contact person name									T	T			7	Τ	Т	T		Γ	<u> </u>		T	T			<del></del>	T	T	Ť		i
Date of ceremony (YYYY/MM/DD)				]							٨	lanı	e of i	the	cere	mor	ıy			Ţ						Ī	Ī	İ	Ţ	j
C3. PRE-SCHOOL OR CRECHE	ATTE	END	ED																											
Institution name			7						Γ	T	T	Τ	T	T	7	7				Τ					<u> </u>	Ţ	T		T	٦
Contact address Street										Ī	Ī		1	T	1	Ī			<u> </u>	T		Ť		$\overline{}$		Ë	Ŧ	Ť	<u> </u>	7
Town/Village			1							Ī		]		Prov	/ince	, [			<u> </u>	Ť	Ť	7		_	$\overline{}$	F	Ť	T	T	7
Postal code			1	]								•						·	•							·	-i	alonen		لام
Telephone No , incl. area code														Ċ	ell p	non	e N	lo,	Г	Τ		T	Т	_		Γ	T	Τ	Τ	٦
Contact person name										- 			Ī			-	$\neg$		Ī			Ť	T	司				Ŧ	<del>i</del>	֝֟֝֟֝֟֝֟֝֟֝
Period of attendance (YYYY/MM/DD)	From									]		- ""							**********	Τo		I								]
C4. PRIMARY SCHOOL ATTEND	DED																_													-
Did the child attend more than one prima	ry scho	ol?					if ye:	s, pl	ease	sub	mit d	ietai	ls of	sch	ool 1	with	ពាល	ost a	vali	able	into	rma	tion	ı						
School name																						L		$\exists$						7
Contact address Street																					Τ		7				<u> </u>	<u> </u>	Ī	
Town/Village						-							F	,ton	ince	Γ				Ī	Ī	T	T	T	=		Ī	<u> </u>	T	ا [
Postal code																10				*******							L	J		, I
Telephone No., incl. area code														C	all pi	ion	e N	o.	_	Ī	Τ	Τ		Т	Ī		<u> </u>	r	Γ	1
Contact person name														[	Ī		7				T	7	T	T	T		<u> </u>			ון
Period of attendance (YYYY/MM/DD)	From				Ī															To	Ī	T	]	T	T					
Grade at admi	ssion												High	est	grad	le p	ass	eď		Ĺ	Ē	Ī		Ì						
																														╝

C5. SECONDARY SCHOOL AT						· <del>-</del>	_											
Did the child attend more than one secon	ndary school ?	, <u> </u>		If yes,	please s	submit	details	of schoo	d with m	ost a	vailab	le info	rmati	on				
School name											$\Box$		L				I	I
Contact address Street							П						$\overline{\mathbb{L}}$				$\overline{\mathbb{T}}$	T
Town/Village							]	Provinc	e [				Ī				$\overline{\mathbb{T}}$	
Postal code										•								
Telephone No., incl. area code								Cell	phone N	۱o. [			<u> </u>			$\neg$	T	
Contact person name												T					7	
Period of attendance (YYYY/MM/DD)	From					***************************************			····		То					$\frac{1}{1}$	Ŧ	十
Grade at adm	nission						Higi	hest grad	de passi	ed [		<u> </u>			$\bar{\mathbb{T}}$	$\overline{\top}$	T	$\overline{\Box}$
C6. EMPLOYMENT RECORD -	THE MOS	TRECEN	T EMP	LOYEF	₹					-								
Employer						T				<u> </u>			П	T	$\neg$		Τ	$\prod$
Physical address Street			Ī			<u> </u>		TT						$\overline{T}$	寸	<del>_</del>	<u>+</u>	
Town/Village								Province	•			1		寸	〒	T	Ŧ	寸
Postal code									_									
Postal address									TT					$\prod$		I		
Province								]				Postai	Cod	e			Ī	
Telephone No., Incl. area códe								Cell ph	one no.					$\overline{\perp}$				$\overline{\Box}$
Contact person riame										$\bar{\mathbb{T}}$	Ī		$\overline{\mathbb{I}}$	$\overline{\mathbb{I}}$	Ī	I	T	司
Period of employment (YYYY/MM/DD)	From							_	<del></del> -		To					$\overline{\mathbb{T}}$		
Nature of work performed .														Ī		$\overline{\mathbb{L}}$		
C7. REFERENCE PERSON TO TH	HE CHILD -	COMPU	LSORY	IF NO	NE OF	SEC	CTION	S C2 -	C6 W	ERE	CON	APLE	TEC	 )				
The reference to the birth is:	The reference to the birth is:																	
<u></u>		,	اجيب جسمنع				j		. [		-	<del></del>				<del></del>	·	<sub>1</sub>
	who raised the	∋ child ! I		Social w	orker			please s	<u></u>		<u> </u>				<u></u>			
Ideatity number			<u> </u>				l	tizenship	11_							<u> </u>		
Date of birth (YYYY/MM/DD)				Pr	OTMANO	nt resid	rass dence p	port no. ermit no.		<u> </u>								
Sumame																		
Previous/Malden surname																		
Forenames in full													7	T		T		$\Box$
Physical address Street			TT	TT						T			T	T	$\overline{\top}$			$\Box$
Town/Village			$\overline{\top}$	$\overline{\top}$	T				Pro	vince			Ť	T	T	T		$\exists$
Postal code						J					ŧ1						1	'
Telephone No., incl area code			TT	TT				Cell p	hone No	s. [		T			7	1		
Registered place of birth			丁		<u> </u>	ГТ	777	Cou	intry	<u> </u>			<del>-</del>	十	<u> </u>	<del> </del>		=
L							ئـــــــــــــــــــــــــــــــــــــ	Q,	rasion (		1 1				1	1		

ž	t be an authorised DHA official at the office where application is submitted ander oath that the information submitted in this Affidavit and the Notice of Birth is true ation 31 of the Births and Deaths Registration Act S1 of 1992.
Signature of deponent	Date (YYYY/MM/DD)
I certify that before administering the oath I asked the deponent the following  1) Do you know and understand the contents of this declaration?  2) Do you have any objection to taking the prescribed oath?  3) Do you consider the prescribed oath as binding on your conscience?  I certify that the deponent has acknowledged that he/she knows and understand deponent's signature or mark was affixed to the declaration in my presence.	Answer:
Signature of the Commissioner of Oaths  Full first names and surname	
FOR OFFICIAL USE ONLY OFFICE OF ORIGIN NOTICE OF BIRTH RECEIVED BY:  Date (YYYY/MM/DD)  Initials and surname of the official  Signature  Persal number	Stat Birth  O S M