

C. DETAILS OF LIFE EVENTS OF THE CHILD

C1. INSTITUTION OF BIRTH – COMPULSORY

Place of birth Public hospital Private hospital Clinic At home Other

Name of place of birth

Full address Street

 Town/Village Province

Postal code

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

Contact person name

C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD

Institution name

Contact address Street

 Town/Village Province

Postal code

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

Contact person name

Date of ceremony (YYYY/MM/DD) Name of the ceremony

C3. PRE-SCHOOL OR CRECHE ATTENDED

Institution name

Contact address Street

 Town/Village Province

Postal code

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

Contact person name

Period of attendance (YYYY/MM/DD) From To

C4. PRIMARY SCHOOL ATTENDED

Did the child attend more than one primary school? If yes, please submit details of school with most available information

School name

Contact address Street

 Town/Village Province

Postal code

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

Contact person name

Period of attendance (YYYY/MM/DD) From To

Grade at admission Highest grade passed

C5. SECONDARY SCHOOL ATTENDED

Did the child attend more than one secondary school ? If yes, please submit details of school with most available information

School name

Contact address Street

Town/Village Province

Postal code

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

Contact person name

Period of attendance (YYYY/MM/DD) From To

Grade at admission Highest grade passed

C6. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER

Employer

Physical address Street

Town/Village Province

Postal code

Postal address

Province Postal Code

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

Contact person name

Period of employment (YYYY/MM/DD) From to

Nature of work performed

C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2 - C6 WERE COMPLETED

The reference to the birth is:

- Witness to the birth Family member Legal guardian Pastor/Priest
- Tribal authority Person who raised the child Social worker Other, please specify

Identity number Citizenship

Date of birth (YYYY/MM/DD) Passport no./ Permanent residence permit no.

Surname

Previous/Maiden surname

Forenames in full

Physical address Street

Town/Village Province

Postal code

Telephone No., incl area code Cell phone No.

Registered place of birth Country of birth

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

I,(the informant), hereby declare under oath 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 (YYYY/MM/DD)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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

Office stamp - OFFICE OF ORIGIN

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.

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 | |
|------|---|-------|---|
| I | O | S | M |
| | | | |
| | | | |
| | | | |

Office stamp - OFFICE OF ORIGIN