



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 parent. The parent 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

Y	Y	Y	Y
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M	M
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D	D
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A. DETAILS OF THE PARENT

Identity number	<table border="1" style="width: 100%; height: 15px;"></table>	Citizenship	<table border="1" style="width: 100%; height: 15px;"></table>
Date of birth (YYYYMMDD)	<table border="1" style="width: 20%; height: 15px;"></table>	Passport no./Permanent residence permit no.	<table border="1" style="width: 80%; height: 15px;"></table>
Surname	<table border="1" style="width: 100%; height: 15px;"></table>		
Previous/Maiden surname	<table border="1" style="width: 100%; height: 15px;"></table>		
Forenames in full	<table border="1" style="width: 100%; height: 15px;"></table>		
Place of birth	<table border="1" style="width: 60%; height: 15px;"></table>	Country of birth	<table border="1" style="width: 40%; height: 15px;"></table>
Current contact address	Street	<table border="1" style="width: 100%; height: 15px;"></table>	
	Town/Village	Province	<table border="1" style="width: 60%; height: 15px;"></table>
Telephone no., incl. area code	<table border="1" style="width: 35%; height: 15px;"></table>	Cell phone no.	<table border="1" style="width: 45%; height: 15px;"></table>
E-mail address	<table border="1" style="width: 100%; height: 15px;"></table>		
Postal address	<table border="1" style="width: 100%; height: 15px;"></table>		
	Province	<table border="1" style="width: 85%; height: 15px;"></table>	
		Postal code	<table border="1" style="width: 30%; height: 15px;"></table>
Relationship to the child:	<input type="checkbox"/> Mother/Parent A	<input type="checkbox"/> Father/Parent B	

B. DETAILS OF THE CHILD

Surname as at birth	<table border="1" style="width: 100%; height: 15px;"></table>
Forenames in full	<table border="1" style="width: 100%; height: 15px;"></table>
Date of birth (YYYYMMDD)	<table border="1" style="width: 40%; height: 15px;"></table>
	Sex <table border="1" style="width: 20%; height: 15px;"></table>
Place of birth	<table border="1" style="width: 100%; height: 15px;"></table>
Contact number	<table border="1" style="width: 40%; height: 15px;"></table>

C. COMPULSARY FOR THE NOTICE GIVEN AFTER 30 DAYS

I, _____ parent of _____
declare that I register the birth of the above mentioned child after 30 days because of the following reason(s):

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

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

I, _____, 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.

Signature of deponent _____

Date (YYYYMMDD)

Y	Y	Y	Y
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M	M
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D	D
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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: _____

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	
Designation (rank)	
Persal number	
Business Address	
Area code	
Place	
Date	

Departmental Stamp

E. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

Notice of birth and affidavit received by:

Surname	
Forenames	
Persal number	
Signature	
Date	

Departmental Stamp

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