



**home affairs**

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

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 **informant**. The informant and Commissioner of Oaths to initial each page.  
To be submitted together with DHA-24 and DHA-24/A forms. The form must be completed in black ink with **BLOCK LETTERS**.  
Please mark with  the CORRECT box, where required. **Applications that are not legible shall not be accepted.**

**A. DETAILS OF THE INFORMANT**

Identity number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth (YYYY/MM/DD)	<input type="text"/>	Passport No./Permanent residence permit No.	<input type="text"/>
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Current contact address	Street <input type="text"/>		
	Town/Village <input type="text"/>	Province	<input type="text"/>
Telephone No., incl. area code	<input type="text"/>	Cell phone No.	<input type="text"/>
Postal address	<input type="text"/>		
	Province <input type="text"/>	Postal Code	<input type="text"/>
Registered place of birth	<input type="text"/>	Country of birth	<input type="text"/>
Relationship to the child	<input type="checkbox"/> Parent 1 (Father)	<input type="checkbox"/> Parent 2 (Mother)	<input type="checkbox"/> Family member, please specify <input type="text"/>
	<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Social worker or authorised officer, provide Case No.	<input type="text"/>
	<input type="checkbox"/> Other, please specify	<input type="text"/>	

If you are not the parent or the legal guardian, provide the reason why you are giving the notice of birth [COMPULSORY SECTION]:

.....

.....

.....

**B. DETAILS OF THE CHILD**

Surname as at birth	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth (YYYY/MM/DD)	<input type="text"/>	Gender	<input type="text"/>
Town/City of birth	<input type="text"/>	Province	<input type="text"/>
Country of birth	<input type="text"/>	Postal Code	<input type="text"/>
Current contact address	Street <input type="text"/>		
	Town/Village <input type="text"/>	Province	<input type="text"/>
Telephone No., incl. area code	<input type="text"/>	Cell phone No.	<input type="text"/>
Language (mother tongue)	<input type="text"/>	Second language	<input type="text"/>

**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)

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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.

Office stamp - OFFICE OF ORIGIN

.....  
*Signature of the Commissioner of Oaths*

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)

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Stat Birth

I	O	S	M

Initials and surname .....  
of the official

.....  
*Signature*

Persal number

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