Signature

## REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

## APPLICATION FOR BIRTH CERTIFICATE

[Births and Deaths Registration Act 51 of 1992]

EMAIL ADDRESS: 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 ink with BLOCK LETTERS. Please mark with ☑ the CORRECT box, where required. Applications that are not legible shall not be accepted. Please select below which certificate is required: **Unabridged Certificate** Certified copy of Birth Register (vault copy) **Abridged Certificate** Handwritten 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 Identity number Birth entry number Date of Birth М М М ם ס (write month in full) Surname Previous/Maiden surname Forenames (in full) Place of birth: City/Town District/Province of Birth Country of Birth B. PARTICULARS OF FATHER/ PARENT A Identity number Surname Previous/Maiden surname Forenames (in full) Place of birth: City/Town District/Province of Birth Country of Birth C. PARTICULARS OF MOTHER/ PARENT B Identity number Surname Previous/Maiden surname Forenames (in full) Place of birth: City/Town District/Province of Birth Country of Birth D. PARTICULARS OF APPLICANT identity number Surname Forenames (in full) Residential address: Street Town/Village District/Province Postal code Telephone no., incl. area code Cell phone no. Relationship to the person concerned: Father/Parent A Mother/Parent B Legal guardian Social Worker or Authority officer, provide case number: Other, please specify (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 nectrue, 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 (Section31(1)(b) of Act 51 of 1992) Signature of Applicant: М Date: M E. FOR OFFICIAL USE ONLY APPLICATION RECEIVED BY: DOCUMENTS SUBMITTED: PLEASE TICK identity Number Original ID document of applicant was presented Surname Power of Attorney Forenames in full Payment received, if applicable Persal No. Office stamp - OFFICE OF ORIGIN Date YY M M ם ם