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04004066509

NOTICE OF BIRTH

[Births and Deaths Registration Act 51 of 1992]
Regulation No 5

To be completed in full and submit with BLOCK LETTERS. Please n	ted a nark	at th with	ne De	epar the	tme COF	nt of	Hor CT b	ne /	Affair whe	s' o	ffice equi	or t	o a Ap	Sou	th A	frica	n er	nbas are	sy not	or co	ons ible	ulate	e. T	he l	forr	n to	be	com	plet	ed i	n bl	ack	ink
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A. DETAILS OF THE CHILD																																	
Surname																								Π	T	T		T	T	T		1	
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Are the parents of the child married to each other?] If `	Yes,	natu	e of	marr	iage		Civ	il		Cu	stom	ary		Civil	Un	on		Re	ligio	us: S	Spe	cify_	-						
Date of marriage	Υ	Υ	Υ	Υ		M	М		D	D		If Ye	es, e	nclo	se a	cert	ified	copy	of	the r	mari	riage	cei	tific	ate								
COMPULSORY SECTION: Reasons fo	r regi	isteri	ng af	ter 3	0 da	ys as	per	secti	on 9(1)							24 - 2											- 19					_
B. DETAILS OF FATHER (PARI	ENT	(A)																															
Identity number (passport if foreigner)		Ť	Т	Т	T]													Date	of b	irth	Υ	Υ	Y	Y	1	N	I N	A.	Г	рΓ	D
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C. DETAILS OF MOTHER (PAR Identity number (passport if foreigner)	ENT	ГВ)	(In t	he c	ase	of Ci	vil U	nion	this	sec	tion	mus	st be	cor	nple	ted I	by th	e na	tura			r) of bir	4ь Г	VΙ	~		V	7	5.4		-1		
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F. DECLARATION	
	ormation supplied is to the best of my knowledge and belief, true and correct. I understand that a fals
statement is punishable under section 31 of the Births and Deaths Registration Act of 18 Informant	92.
IIIO III ant	Date Y Y Y Y M M D D
Initials and surname Signature	Place
Relationship to the child: Father (Parent A) Mother (Parent B)	Legal guardian Social worker
G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN	Office stamp - Office of origin
NOTICE OF BIRTH RECEIVED BY:	
Surname First name Persal number	
Stat Birth 1 O S M	
DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK .	
Birth Registration within 30 Days: Birth Registration	after 30 Days, additional documents: If foreign birth, additional documents:
Confirmation of Birth Proof of Patern	Certified copy of the Foreign birth certificate of the child
Certified copy of Father's/Parent A's ID document (if	Citizenship determination form DHA-529 (Child)
applicable)	(SA Parent) Citizenship determination form DHA-529 (Child)
Certified copy of Mother's/Parent B's ID document	
Certified copy of Legal Guardian/Social Worker's ID document	
Certified copy of Marriage Certificate of parents (if married)	
DHA-1658 if married religiously i.e. Muslim. Hindu	
Medical Report: Same Sex Parents	
Certified copy of Social Worker's Registration Certificate	
Online verification performed and printouts attached for following persons:	
Father (Parent A) Mother (Parent B) Legal guardian S	ocial worker
Date Y Y Y Y M M D D Signatu	re
H. APPLICATION VERIFIED Date Y Y Y Y M M D D	Initials and surname
I hereby declare that I have verified the application and registration	Signature
	Identity number
	Persal number