G.P.-S. 017-0174

DHA-154

home affairs
Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

DEPARTMENT: HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

# APPLICATION FOR BIRTH CERTIFICATE

**[Births and Deaths Registration Act 51 of 1992]**

*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** ☐
**Abridged certificate** ☐
**Certified copy of Birth Register (vault copy)** ☐
**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 A PERSON CONCERNED

Identity Number
Birth Entry No.
Date of birth Y Y Y Y M M M M M M M M D D *(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 PARENT A (FATHER)

Identity Number
Surname
Previous/Maiden surname
Forenames in full
Place of birth: City/Town
District/Province of birth
Country of Birth

## C. PARTICULARS OF PARENT B (MOTHER)

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 ☐ Parent A (Father) ☐ Parent B (Mother) ☐ Legal Guardian
☐ Social Worker or Authority officer, provide case number
☐ Other, please specity

I ..... hereby declare that the information supplied is to the best of my knowledge

Signature of Applicant ..... Date Y Y Y Y M M D D

## E. FOR OFFICIAL USE ONLY

**APPLICATION RECEIVED BY:**

Surname
Forenames in full
Persal No.
Date Y Y Y Y M M D D

.....
*Signature*

**DOCUMENTS SUBMITTED: PLEASE TICK ☑**

☐ Original ID document of applicant was presented
☐ Power of Attorney
☐ Payment received, if applicable

Office Stamp–OFFICE OF ORIGIN