REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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 ☐ **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 Y Y Y Y M 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 County 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 County of Birth

C. PARTICULARS OF FATHER/PARENT B

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Previous/Maiden Surname

Forenames (in full)

Place of Birth: City/Town

District/Province of Birth County of Birth

D. PARTICULARS OF APPLICANT

Identity Number ☐☐☐☐☐☐ ☐☐☐☐ ☐☐☐

Surname

Forenames (in full)

Residential Address: Street

Town/Village

District/Province Postal Code

Tel No. incl Area Code Cell 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

I _____ (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 not true, 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 (Section 31(1)(b) of Act 51 of 1992).

Signature of Applicant: _____ Date: Y Y Y Y M M D D

E. FOR OFFICIAL USE ONLY

APPLICANT 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

Official Stamp - OFFICE OF ORIGIN