



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
- 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 PERSON

Identity number Birth entry number

Date of Birth (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

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:

E. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY:

Identity Number

Surname

Forenames in full

Persal No.

Date

- DOCUMENTS SUBMITTED: PLEASE TICK
- Original ID document of applicant was presented
 - Power of Attorney
 - Payment received, if applicable

Office stamp - OFFICE OF ORIGIN

Signature _____