

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

## DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

## ANNEXURE 2A AFFIDAVIT FOR NOTICE OF BIRTH GIVEN AFTER 30 DAYS UP TO 1 YEAR

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

[Section 9(3A)]

To be completed by the parent , The parent and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 form, The form must be completed in BLACK INK with BLOCK LETTERS, Please mark 

the CORRECT box, where required. Applications that are not legible shall not be accepted.

Date of application	1.	Y	Υ		M A	<	8)	0	ĺ																		
A. DETAILS OF THE PARENT																											
Identity number										I			Citiz	enshi	Р						L		I	$\perp$	I	I	
Date of birth (YYYYMMDD)							Pas	sport	no./Per	mane	nt res	sidenc	e per	mit no	o. [	I	I				L	I	I		J		
Surname																							I				
Previous/Maiden surname											T					I											
Forenames in full											I		Ι			T	I				Γ	I			I		
Place of birth		I									$\Box$	Col	untry	of bir	th	I	Ι				L	Ι	I	Ι			
Current contact address Street																I							I				
Town/Village										T			P	rovino	e	I				I	Ι	I	I	I			
Telephone no., incl. area code										Ce	ell ph	ione n	o. [			I					I	]					
E-mail address											T					T		72				Ι	I			Ī	
Postal address		Т						T			T		T	T		T	1			Τ	T	T	T				
Province		T	Ħ			i		T		Ť	T	T	T	T	T	1	T			F	osta	l cod	e	T	7	T	
Relationship to the child:  Mother/Parent A  Father/Parent B																											
Relationship to the child:	M	lother/l	Parent	Α		Fatt	ner/Pa	arent	В																		
Relationship to the child:  B. DETAILS OF THE CHILD	M	lother/l	Parent	A		Fati	ner/Pa	arent	В													1111					
		lother/l	Parent	A		Fatt	ner/Pa	arent	В		1																_
B. DETAILS OF THE CHILD	M	lother/l	Parent	A		Fatt	ner/Pa	arent	В																		_
B. DETAILS OF THE CHILD Surname as at birth		lother/l	Parent	A		Fatt	ner/Pa	arent		Sex [																	_
B. DETAILS OF THE CHILD Surname as at birth Forenames in full	M	hother/l	Parent	A		Fatt	ner/Pa	arent		Sex [																	
B. DETAILS OF THE CHILD Surname as at birth Forenames in full Date of birth (YYYYMMDD)		lother/l	Parent	A		Fati	ner/Pa	larent		Sex																	
B. DETAILS OF THE CHILD Surname as at birth Forenames in full Date of birth (YYYYMMDD) Place of birth Contact number  C. COMPULSARY FOR THE NOT I,	ICE GIV	VEN A	AFTEF child a	R 30	0 days t	Decause	e of th	ne folk	S S S parent	of	(s):	/*************************************							 	 							
B. DETAILS OF THE CHILD Surname as at birth Forenames in full Date of birth (YYYYMMDD) Place of birth Contact number  C. COMPULSARY FOR THE NOT I,	OVE GIVE	VEN A	AFTER child a	R 30	0 days t	Decause	l l l l l l l l l l l l l l l l l l l	ne folk	s s	of	(s):	/*************************************						•)(************************************	 	 							

D. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted																																
I, hereby declare under oath/affirm that the information submitted in this Affidavit and the Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.															th is																	
Signature of deponent Date (YYYYMMDI														MDD	) X	1		v	N.		5/	9/21		9	D							
I certify that before administering the oath I asked the deponent the following questions and wrote down his or her answers in his or her presence:																		:17														
Do you know and understand the contents of this declaration?  Answer:																																
(2) Do you have any objection to taking the prescribed oath?  Answer:													iswer:																			
(3) Do you consider the prescribed oat	h as bi	nding	g on y	your c	onsci	ience'	?						Ar	iswe	r:			_	_												_	
I certify that the deponent has acknowledged that he or she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature or mark was affixed to the declaration in my presence.															mark																	
Signature of the Commissioner of Oaths	6																															
Surname																					I		Τ	T	T							
Forenames											I	Τ	T	I	T	T							Ī	Ī	Ī							
Designation (rank)			Γ							I		Ī	T			Ī							Ī	Ť	Ť			Г			Ī	$\overline{\Box}$
Persal number																													-			
Business Address									Ī		Ι	Γ	T		T	T					Τ	Γ	T	T	I							П
									T	Ī	Γ	T	T	T	T	Ť					T	T	T	Ť	Ť	Ť						Ħ
					Г				T	Ī	Т	T	Ī	Ì	T	Ť				Ī	1											
				Ī						T	Γ	Ī	Ť	Ì	Ť	Ī											-	_	-	_	-	
					Ī					Ī		Ì	Ī	Ī	Ť	T					]											
Area code									-		-	-									_				D	epai	rtmer	ntal S	Stamp			
Place													T	T	Т	T	1			Г	1											
Date	Ÿ	1	ş	¥		M	M		Ð	D						-					_	L										
E. FOR OFFICIAL USE ONLY- OF		OF (	ORIG	GIN																												
Notice of birth and affidavit received by:		_	_	_	_			_	_			_	_			_				_												
Surname	L									Ļ	L		_	L	_	_																
Forenames	Ц																															
Persal number																									D	ера	tmer	ntal S	Stamp			
Signature	_																				_											

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

Date