

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.

Signature of deponent _____

Date (YYYYMMDD)

Y	Y	Y	Y	M	M	D	D
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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:

- (1) Do you know and understand the contents of this declaration? Answer: _____
- (2) Do you have any objection to taking the prescribed oath? Answer: _____
- (3) Do you consider the prescribed oath as binding on your conscience? Answer: _____

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.

Signature of the Commissioner of Oaths _____

Surname

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Forenames

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Designation (rank)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Persal number

--	--	--	--	--	--	--	--	--	--

Business Address

Area code

--	--	--	--	--

Place

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date

Y	Y	Y	Y	M	M	D	D
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Departmental Stamp

E. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

Notice of birth and affidavit received by:

Surname

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Forenames

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Persal number

--	--	--	--	--	--	--	--	--	--

Signature _____

Date

Y	Y	Y	Y	M	M	D	D
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Departmental Stamp

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