



DEPARTMENT: HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

ANNEXURE 2D
AFFIDAVIT FOR CONFIRMATION OF PATERNITY FOR
CHILDREN BORN OUT OF WEDLOCK

[Births and Deaths Registration Act 51 of 1992]
[Section 10]

To be completed by the **BIOLOGICAL FATHER** of a child born out of wedlock. To be submitted together with DHA-24 or DHA-24/LRB. The biological father **MUST** present his original ID document when confirming paternity. The form must be completed in **BLACK INK** with **BLOCK LETTERS**. Please tick the CORRECT box, where required. **Applications that are not legible shall not be accepted. Paternity tests to accompany this application where one parent is a South African citizen and the other parent is a non-South African citizen who does not hold permanent residence or refugee status in the Republic.**

A. DETAILS OF BIOLOGICAL FATHER

Identity number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth (YYYYMMDD)	<input type="text"/>	Permit no.	<input type="text"/>
Passport no.	<input type="text"/>		
Surname	<input type="text"/>		
Previous surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Residential address	<input type="text"/>		
	Street		
	Town/Village	Province	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
	Province		Postal code <input type="text"/>
Registered place of birth	<input type="text"/>	Country of birth	<input type="text"/>

B. DETAILS OF THE CHILD

Surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	<input type="text"/>
Town/City of birth	<input type="text"/>	Province	<input type="text"/>
Country of birth	<input type="text"/>		Postal code <input type="text"/>
Residential address	<input type="text"/>		
	Street		
	Town/Village	Province	<input type="text"/>
Language (mother tongue)	<input type="text"/>		

C. DETAILS OF MOTHER

Identity number	<input type="text"/>	Citizenship	<input type="text"/>
Date of birth (YYYYMMDD)	<input type="text"/>	Permit no.	<input type="text"/>
Passport no.	<input type="text"/>		
Surname	<input type="text"/>		
Previous / Maiden surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Residential address	<input type="text"/>		
	Street		
	Town/Village	Province	<input type="text"/>
Telephone no., incl. area code	<input type="text"/>	Cell phone no.	<input type="text"/>
E-mail address	<input type="text"/>		
Postal address	<input type="text"/>		
	Province		Postal code <input type="text"/>
Registered place of birth	<input type="text"/>	Country of birth	<input type="text"/>

D. DECLARATION

NOTE: Commissioner of Oaths must be an authorised DHA official at the office where affidavit 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
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M	M
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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

Full first names and surname _____

Designation (rank) _____

Business Address _____

Date _____ Place _____



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