



DEPARTMENT: HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

LATE REGISTRATION OF BIRTH  
AFFIDAVIT

I, [REDACTED]

Identity No. [REDACTED]  
hereby declare under oath:

- (i) That I am the FATHER (relationship)  
of [REDACTED] (applicant)  
who was born on the 20 day of APRIL 2023  
at MEMORIAL WEST HOSPITAL FLORIDA UNITED STATES  
His/her parents are [REDACTED] (father)  
and [REDACTED] (mother)
- (ii) That I remember the event well because IT IS THE BIRTH OF MY FIRST BABY
- (iii) That the particulars submitted above are to the best of my knowledge true and correct.

21 JUNE  
30 MAY 2023  
Date

[Signature]  
Signature of deponent

1. I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:

- (1) Do you know and understand the contents of this declaration?  
Answer YES
- (2) Do you have any objection to taking the prescribed oath?  
Answer NO
- (3) Do you consider the prescribed oath to be binding on your conscience?  
Answer YES

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb print was placed thereon in my presence.

[Signature]  
Justice of the Peace/Commissioner of Oaths  
MYRIAM GANOZA  
Notary Public  
State of Florida  
Commission # GG984030  
Expires 5/4/2024

Designation (rank) Ex Officio Republic of South Africa

Forenames and surname

Address