G.P.-S. 06/14

DHA-154

REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
Annexure 22

15403326761

APPLICATION FOR COPY OF BIRTH CERTIFICATE
[Births and Deaths Registration Act 51 of 1992]

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 ☐ Certified copy of Birth Register (vault copy) ☐

Abridged Certificate ☐ Handwritten abridged certificate ☐

Please provide reasons for applying for this certificate [compulsory in terms of section 29(2)(b) of the Act]:

A. PARTICULARS OF PERSON WHOSE BIRTH CERTIFICATE IS REQUIRED

Identity number/Passport No. | Birth entry number

Date of Birth Y Y Y Y M M M M M M M M D D *(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 MOTHER / PARENT A

Identity number/ Passport No.

Surname

Previous/Maiden surname

Forenames in full

Place of birth: City/Town

District/Province of Birth | Country of Birth

C. PARTICULARS OF FATHER / PARENT B

Identity number

Surname

Previous 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.

E-mail address

Postal address

Province | Postal code

Relationship to the person concerned:

☐ Mother/Parent A ☐ Father/Parent B ☐ Legal guardian (Attach proof of guardianship)

☐ Social Worker or Authorised Officer, provide case number:

☐ Legal representative (Attach Power of Attorney)

I ..... (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief true and correct and that 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 (section31(1)(b) of Act 51 of 1992)

Signature of Applicant: _____ Date: Y Y Y Y M M D D

E. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY:

Surname

Forenames in full

Persal No.

Date Y Y Y Y M M D D

Signature

Office stamp - OFFICE OF ORIGIN

DOCUMENTS SUBMITTED: PLEASE TICK

☐ Copy of Identity Document of applicant

☐ Proof of guardianship

☐ Power of Attorney

☐ Payment received, if applicable

☐ Copy of Passport, incl. page with visa/permit