


**APPLICATION FOR 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) 9 (b) of the Act]:

**A. PARTICULARS OF PERSON**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Birth entry number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>								
Previous/Maiden surname	<input type="text"/>								
Forenames (in full)	<input type="text"/>								
Place of birth: City/Town	<input type="text"/>								
District/Province of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B. PARTICULARS OF FATHER/ PARENT A**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames (in full)	<input type="text"/>		
Place of birth: City/Town	<input type="text"/>		
District/Province of Birth	<input type="text"/>	<input type="text"/>	Country of Birth <input type="text"/>

**C. PARTICULARS OF MOTHER/ PARENT B**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
Previous/Maiden surname	<input type="text"/>		
Forenames (in full)	<input type="text"/>		
Place of birth: City/Town	<input type="text"/>		
District/Province of Birth	<input type="text"/>	<input type="text"/>	Country of Birth <input type="text"/>

**D. PARTICULARS OF APPLICANT**

Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
Forenames (in full)	<input type="text"/>		
Residential address: Street	<input type="text"/>		
Town/Village	<input type="text"/>		
District/Province	<input type="text"/>	<input type="text"/>	Postal code <input type="text"/>
Telephone no., incl. area code	<input type="text"/>	<input type="text"/>	Cell phone no. <input type="text"/>
Relationship to the person concerned:	<input type="checkbox"/> Father/Parent A	<input type="checkbox"/> Mother/Parent B	<input type="checkbox"/> Legal guardian
	<input type="checkbox"/> Social Worker or Authority officer, provide case number:	<input type="text"/>	
	<input type="checkbox"/> Other, please specify	<input type="text"/>	

I \_\_\_\_\_ (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief true and correct 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 or to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992)

Signature of Applicant: \_\_\_\_\_

 Date:        
**E. FOR OFFICIAL USE ONLY**
**APPLICATION RECEIVED BY:**

Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>		
Forenames in full	<input type="text"/>		
Persal No.	<input type="text"/>		
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DOCUMENTS SUBMITTED: PLEASE TICK** 

- Original ID document of applicant was presented  
 Power of Attorney  
 Payment received, if applicable

Office stamp - OFFICE OF ORIGIN

Signature \_\_\_\_\_