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DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

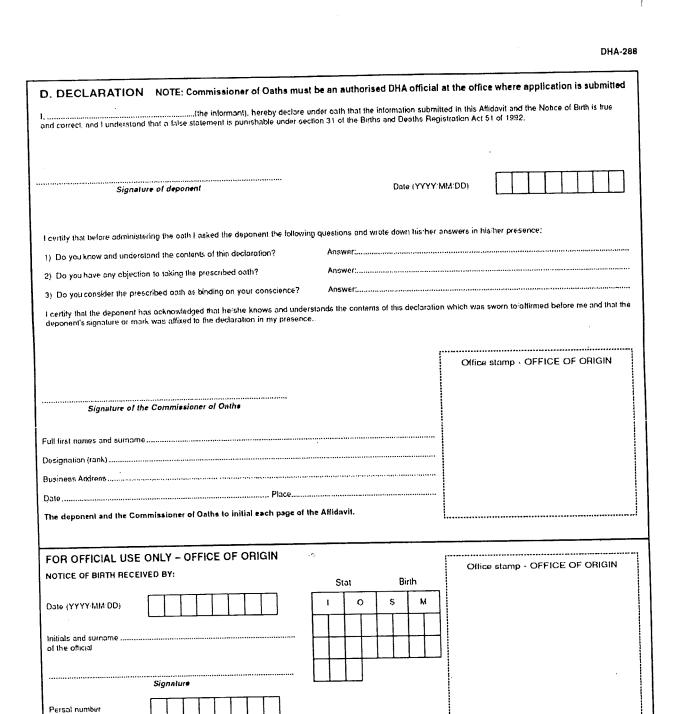
## AFFIDAVIT IN SUPPORT OF NOTICE OF BIRTH

[Births and Deaths Registration Act 51 of 1992] [Section 9(3A) and Regulation 6(7)]

be completed by the informan	t. The informant and Commissioner of Oaths to initial each page.  A-24 and DHA-24/A forms. The form must be completed in black ink with BLOCK LETTERS.  A-24 and DHA-24/A forms. The form must be completed in black ink with BLOCK LETTERS.
be submitted together with DH	A-24 and DHA-24/A forms. The form index of A-24 and DHA-24/A forms. The form index of the shall not be accepted.  T box, where required, Applications that are not legible shall not be accepted.
. DETAILS OF THE INFO	RMANT
tentity number	Citizenship
ale of birth (YYYY-MM-DD)	Passport No. Permanent residence permit No.
umame	
revious:Maiden surname	
orenames in full	
Current contact address Street	
-Town-Village	Province Province
Telephone No., incl. area code	Cell phone No.
Postal address	
Province	Postal Code Postal Code
Registered place of birth	Country of birth
Relationship to the child	Parent 1 (Fother)  Parent 2 (Mother)  Family member. please specify
	Legal guardian Social worker or authorised officer, provide Case No.
Γ	Other, please specily
If you are not the parent or the legal gu	ardian, provide the reason why you are giving the notice of birth [COMPULSORY SECTION]:
B. DETAILS OF THE C	
Sumame as at birth	
Forenames in full	
Date of birth (YYYY:MM:DD)	Gender
	Province Province
Town City of birth	Postal Code
Country of birth	
Current contact address Str	Province
Town:Vill	Gell phone No.
Telephone No., incl. area code	Cell probe NV.
Language (mother tongue)	ageugnoi servicional servicion

C. DETAILS OF LIFE EVE	NTS OF THE CHILD
C1. INSTITUTION OF BIRTH - CC	MPULSORY Other
Place of birth Public hospit	al Private hospital Clinic At home Criner
Name of place of birth	
Full address Street	
Town/Village	Province
Pustal code	
Telephone No., incl. area code	Cell phone No.
Contact person name	
C2. RELIGIOUS CEREMONY PE	RFORMED ON THE CHILD
Institution name	
Contact address Street	
Town: Village	Province
Postal code	
Telephone No., incl. area code	Cell phone No.
Contrict person name	
Date of ceremony (YYYY-MM-DD)	Name of the cerentony
C3. PRE-SCHOOL OR CRECH	E ATTENDED
Institution name	
Contact address Stree	
Town: Village	Province Province
Postal code	
Telephone No., incl. area code	Cell phona No.
Contact person name	
Period of attendance (YYYY/MM/DD)	From To
C4. PRIMARY SCHOOL ATTE	NDED
Did the child attend more than one pro	Contemporary of the literature of the contemporary of the contempo
School name	
Contact address Stre	el
Town Villa	ge Province
Postal code	
Telephone No., Incl. area code	Cell phone No.
Conlact person name	
Period of attendance (YYYY/MM/DD	From To
]	admission Highest grade passed
Grade at	

Did the child attend more than one secondar	NDE!						II ye	5. pl	6056	aubr	nit d	etails	ofs	scho	ol vri	tts n	1801	ava	doli	le in	forn	າລໄເດ	หา						
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Ø ⊗	Photo of the CHILD only	
	No photo required for photo by the informant.	
	FINGERPRINTS FOR THE NOTICE OF BIRTH OF A CHILD OF 15 YEARS AND OLDER	
	PLEASE NOTE: Fingerprints may only be taken by an official of the Department of Home Affairs. Should a finger be missing, deformed or so injuried that the impression cannot be taken, this fact should be noted in the space provided for that impression.	
	FINGERPRINTS OF: CHILD Please tick appropriate box INFORMANT	
	F PERSONAL PARTICULARS	
	PERSONAL PARTICULARS  CHILD: Sumarne: Sumarne: Porter (Birth / YYYYMM D.D.)	
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	RETURN THE FORM TO:	
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