







**C. DETAILS OF LIFE EVENTS OF THE CHILD**

**C1. INSTITUTION OF BIRTH - COMPULSORY**

Place of birth      Public hospital       Private hospital       Clinic       At home       Other .....

Name of place of birth

Full address      Street

                                 Town/Village       Province

Postal code

Telephone No., incl. area code       Cell phone No.

Contact person name

**C2. RELIGIOUS CEREMONY PERFORMED ON THE CHILD**

Institution name

Contact address      Street

                                 Town/Village       Province

Postal code

Telephone No., incl. area code       Cell phone No.

Contact person name

Date of ceremony (YYYY-MM-DD)       Name of the ceremony

**C3. PRE-SCHOOL OR CRECHE ATTENDED**

Institution name

Contact address      Street

                                 Town/Village       Province

Postal code

Telephone No., incl. area code       Cell phone No.

Contact person name

Period of attendance (YYYY-MM-DD)      From       To

**C4. PRIMARY SCHOOL ATTENDED**

Did the child attend more than one primary school?       If yes, please submit details of school with most available information

School name

Contact address      Street

                                 Town/Village       Province

Postal code

Telephone No., incl. area code       Cell phone No.

Contact person name

Period of attendance (YYYY-MM-DD)      From       To

                                 Grade at admission       Highest grade passed

**C5. SECONDARY SCHOOL ATTENDED**

Did the child attend more than one secondary school?  If yes, please submit details of school with most available information

School name

Contact address Street

Town/Village  Province

Postal code

Telephone No., incl. area code  Cell phone No.

Contact person name

Period of attendance (YYYY:MM:DD) From  To

Grade of admission  Highest grade passed

**C6. EMPLOYMENT RECORD - THE MOST RECENT EMPLOYER**

Employer

Physical address Street

Town/Village  Province

Postal code

Postal address

Province  Postal Code

Telephone No., incl. area code  Cell phone no.

Contact person name

Period of employment (YYYY:MM:DD) From  To

Nature of work performed

**C7. REFERENCE PERSON TO THE CHILD - COMPULSORY IF NONE OF SECTIONS C2 - C6 WERE COMPLETED**

The reference to the birth is:

Witness to the birth  Family member  Legal guardian  Pastor/Priest

Tribal authority  Person who raised the child  Social worker  Other, please specify

Identity number  Citizenship

Date of birth (YYYY:MM:DD)  Passport no.

Permanent residence permit no.

Surname

Previous/Maiden surname

Forenames in full

Physical address Street

Town/Village  Province

Postal code

Telephone No., incl area code  Cell phone No.

Registered place of birth  Country of birth

**D. DECLARATION** NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted

I, .....(the informant), hereby declare under oath 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 (YYYY-MM-DD) 

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I certify that before administering the oath 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:.....
- 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/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.

Office stamp - OFFICE OF ORIGIN

**FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN**

NOTICE OF BIRTH RECEIVED BY:

Date (YYYY-MM-DD) 

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Initials and surname .....  
of the official

.....  
Signature

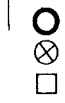
Personal number 

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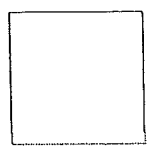
Stat		Birth	
I	O	S	M

Office stamp - OFFICE OF ORIGIN

Annexure 1B

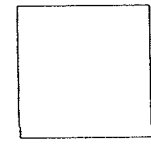
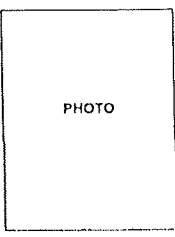


DHA-24/A

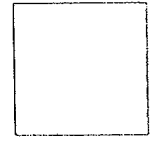


LEFT SMALL

Photo of the CHILD only  
No photo required for informant.



RIGHT SMALL



LEFT RING

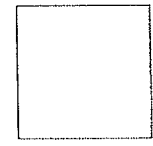
**FINGERPRINTS FOR THE NOTICE OF BIRTH OF A CHILD OF 15 YEARS AND OLDER**

PLEASE NOTE: Fingerprints may only be taken by an official of the Department of Home Affairs. Should a finger be missing, deformed or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression.

FINGERPRINTS OF: CHILD  INFORMANT

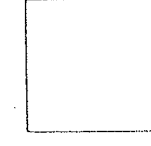


RIGHT RING

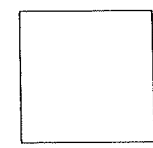


LEFT MIDDLE

PERSONAL PARTICULARS  
CHILD:  
Surname: \_\_\_\_\_  
Forenames: \_\_\_\_\_  
Date of Birth (Y Y Y M M D D) \_\_\_\_\_  
INFORMANT:  
Surname: \_\_\_\_\_  
Forenames: \_\_\_\_\_  
Identify Number \_\_\_\_\_

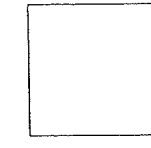


RIGHT MIDDLE

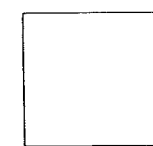


LEFT INDEX

FINGERPRINTS TAKEN BY: PLEASE PRINT FULL NAME \_\_\_\_\_  
Personal Number \_\_\_\_\_  
VERIFICATION RESULTS (HANIS): \_\_\_\_\_

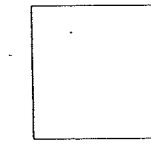


RIGHT INDEX



LEFT THUMB

RETURN THE FORM TO:  
Name of Regional Office (or Head Office: Population Register, if foreign birth)  
• REGISTERED FINGER  
NO. 1 - NO. 2



RIGHT THUMB

PLAIN PRINTS LEFT HAND	Departmental office stamp - Office of origin		PLAIN PRINTS RIGHT HAND
	LEFT THUMB	RIGHT THUMB	

1. PARTICULARS OF THE APPLICATION

TO BE COMPLETED ONCE APPLICATION IS RECEIVED AT REGIONAL OFFICE

Bar code number of DHA-24 form

Full name of the child

Date of birth of the child (YYYY/MM/DD)

Full name of the informant

ID number of the informant

2. BACKGROUND INFORMATION VERIFICATION

Office name

Province

Date of receipt

Date of verification: From  To

Office stamp

I hereby declare that I have verified the following information:

Type of information	True	False	Indecisive	Information field empty	Information verification details				
					Name and surname	Identity number	Contact telephone	Document obtained?	Relationship to child
Birth details of the child									
Religious ceremony									
Pre-school / Creche									
Primary school									
Secondary school									
Employment details									
Reference to the child									

Comments by the official who performed the background verification:

Name and surname of the official  Signature

Persal number  Date (YYYY/MM/DD)

3. REGIONAL SCREENING COMMITTEE'S RECOMMENDATION

Office name  Province

Date of receipt (YYYY/MM/DD)  Date of interviews

Date of recommendation

Recommendation of the Regional Screening Committee:

We hereby recommend that the application be:  Approved  Referred for investigation, Fraud suspected  Referred to PSC, Indecisive  Rejected

Motivation for the above recommendation (compulsory):

Sign-off on the recommendation by the Regional Screening Committee members:

Role	Name and Surname	Persal number	Signature
Chairperson			
Secretary			
Member - NIB			
Member			
Member			