



**DEPARTMENT: HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA**

**APPLICATION FOR BIRTH CERTIFICATE**

***This form must be handed in at a Regional or District office together with the prescribed fee. The receipt of fees paid must accompany the form.***

THE REASON FOR THE APPLICATION MUST BE SUBMITTED [in terms of section 29 (2) (b)] ..... ..... For use in the Republic of South Africa a computer printed certificate of birth particulars is normally issued. Such a certificate complies with the requirements for which a birth certificate is required. An unabridged certificate is available and is issued mainly for overseas purposes. Indicate with an X which certificate is required.									
Unabridged certificate <input type="checkbox"/>	Computer printed abridged certificate <input type="checkbox"/>								
Certified copy of birth register <input type="checkbox"/> (Vault copy)	Handwritten abridged certificate <input type="checkbox"/>								
<b>PARTICULARS OF PERSON CONCERNED</b>									
Identity Number	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>								
Surname	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Maiden name if a married woman	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Forenames in full	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Date of birth	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Y</td> <td style="text-align: center; width: 33%;">M</td> <td style="text-align: center; width: 33%;">D</td> <td style="width: 33%;"></td> </tr> <tr> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td>Birth entry number <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/></td> </tr> </table>	Y	M	D		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Birth entry number <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
Y	M	D							
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Birth entry number <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>						
Town/City and Province of birth	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
<b>PARTICULARS OF FATHER</b>									
Surname	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Forenames in full	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
<b>PARTICULARS OF MOTHER</b>									
Maiden name	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Forenames in full	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
<b>PARTICULARS OF APPLICANT</b>									
Surname	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Forenames in full	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
Postal address	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>								
	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Postal code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>								
Telephone number (Work)	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Telephone code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>								
Telephone number (Home)	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> Telephone code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>								
..... <b>Signature</b>	..... <b>Date</b>								