REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

DHA-130

APPLICATION FOR CIVIL UNION CERTIFICATE

MARRIAGE ACT, 1961 (ACT NO. 25 OF 1961)

Regulation 5B(2)(a),(b) and (c)

To be filled in full and submitted at the Department of Home Affairs' Office or to a South African Embassy or Consulate. The form to be filled in black ink with **BLOCK LETTERS**. Please mark with ☑ the CORRECT box, where required. **Applications that are not legible will not be accepted.**

Please select below which certificate is required:

Unabridged Certificate ☐ **Certified copy of Marriage Register (vault copy)** ☐ Letter of confirmation of Applicant's status ☐

Abridged Certificate ☐ **Handwritten abridged certificate** ☐

Please provide reasons for applying for this certificate:

1. PARTICULARS OF HUSBAND

Identity number Birth entry number

Date of birth Y Y Y Y M M M M M M M M M D D *(write month in full)*

Surname

Previous/Maiden surname

Forenames

2. PARTICULARS OF WIFE

Identity number Birth entry number

Date of birth Y Y Y Y M M M M M M M M M D D *(write month in full)*

Surname

Previous/Maiden surname

Forenames

3. PARTICULARS OF MARRIAGE

Type of marriage Marriage ☐ Civil Partnership ☐ *(tick ☑ the correct box)*

Date of marriage Y Y Y Y M M M M M M M M M D D *(write month in full)*

Marriage officer: Surname

Forenames

Designation number Name of Church or Home Affairs office

Place of marriage: Town

Province Country of marriage

4. PARTICULARS OF APPLICANT

Identity number

Surname

Forenames in full

Residential address: Street

Town/Village

Province Postal code

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

Relationship to the married couple: ☐ Husband ☐ Wife ☐ Legal Representative (please provide Power of Attorney)

☐ Other, please specify

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

5. FOR OFFICIAL USE ONLY

APPLICATION RECEIVED BY:

Surname

Forenames in full

Persal No.

Date Y Y Y Y M M D D

Signature _____

DOCUMENTS SUBMITTED: PLEASE TICK ☑

☐ Original ID document of applicant was presented

☐ Power of Attorney

☐ Payment received, if applicable

Office stamp - OFFICE OF ORIGIN