



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

**ANNEXURE 2A  
AFFIDAVIT FOR NOTICE OF BIRTH GIVEN AFTER 30 DAYS  
UP TO 1 YEAR**

**[Births and Deaths Registration Act 51 of 1992]**

[Section 9(3A)]

To be completed by the **parent**. The **parent** and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 form. The form must be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark  the **CORRECT** box, where required. **Applications that are not legible shall not be accepted.**

Date of application 

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

**A. DETAILS OF THE PARENT**

Identity number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      Citizenship 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth (YYYYMMDD) 

--	--	--	--	--	--	--	--

      Passport no./Permanent residence permit no. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Previous/Maiden surname 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forenames in full 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Place of birth 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      Country of birth 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current contact address      Street 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Town/Village 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      Province 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone no., incl. area code 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      Cell phone no. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Province 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      Postal code 

--	--	--	--	--	--

Relationship to the child:       Mother/Parent A       Father/Parent B

**B. DETAILS OF THE CHILD**

Surname as at birth 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forenames in full 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth (YYYYMMDD) 

--	--	--	--	--	--	--	--

      Sex 

--	--	--	--	--	--

Place of birth 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**C. COMPULSARY FOR THE NOTICE GIVEN AFTER 30 DAYS**

I, ..... parent of .....  
declare that I register the birth of the above mentioned child after 30 days because of the following reason(s):

.....

.....

.....

.....

.....

.....

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

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

I, ....., hereby declare under oath/affirm 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 (YYYYMMDD) 

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

I certify that before administering the oath I asked the deponent the following questions and wrote down his or her answers in his or 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 or 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

Surname																				
Forenames																				
Designation (rank)																				
Persal number																				
Business Address																				
Area code																				
Place																				
Date																				

Departmental Stamp

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

Notice of birth and affidavit received by:

Surname															
Forenames															
Persal number															
Signature	_____														
Date															

Departmental Stamp

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.