



DEPARTMENT: HOME AFFAIRS  
 REPUBLIC OF SOUTH AFRICA  
**NOTICE OF BIRTH**  
 (PERSONS ONE YEAR AND OLDER  
 BUT UNDER 15 YEARS)



[Section 9 of Act No. 51 of 1992: Regulation 5 (1)]

This application must be accompanied by a BI-288 and as many as possible of the following which should be marked with an

Baptismal cert.  Maternity cert.  Report: Social worker  School register  Other .....

<b>A. CHILD</b>		<b>COMPLETE WITH BLACK BALLPOINT PEN</b>																	
Surname	<input type="text"/>																		
Forenames in full	<input type="text"/>																		
Date of birth	<input type="text"/>	<input type="text"/>	Gender <input type="text"/>																
Place of birth: City/Town	<input type="text"/>	Country	<input type="text"/>																
Are the parents of the child married to each other?	<input type="checkbox"/>	If Yes, nature of marriage: Civil <input type="checkbox"/> Customary <input type="checkbox"/> Religious <input type="checkbox"/>																	
Date of marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>																
<b>B. NATURAL FATHER OF CHILD/PARTNER i.t.o. section 5 of the Children's Status Act, 1987*</b>																			
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Surname	<input type="text"/>																		
Forenames in full	<input type="text"/>																		
Place of birth	<input type="text"/>																		
Citizenship	<input type="text"/>	Permanent residence permit No.	<input type="text"/>																
<b>C. NATURAL MOTHER OF CHILD</b>																			
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>																
Present surname	<input type="text"/>																		
Maiden name	<input type="text"/>																		
Forenames in full	<input type="text"/>																		
Place of birth	<input type="text"/>																		
Citizenship	<input type="text"/>	Permanent residence permit No.	<input type="text"/>																
<b>D. ACKNOWLEDGEMENT OF PATERNITY I.R.O. A CHILD BORN OUT OF WEDLOCK</b>																			
I hereby declare that I am the natural father of the above child.		Mother's permission to the acknowledgement of paternity.																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																
<i>Initials and surname</i>	<i>Signature</i>	<i>Initials and surname</i>	<i>Signature</i>																
Identity number	<input type="text"/>	Identity number	<input type="text"/>																
Date	<input type="text"/>	Date	<input type="text"/>																
<b>E. INFORMANT</b>																			
I, (forenames in full and surname).....																			
Identity number	<input type="text"/>	<input type="checkbox"/>	declare that the above information is correct.																
Contact address	<input type="text"/>																		
		Postal code	<input type="text"/>																
Telephone number	<input type="text"/>	Area code	<input type="text"/>																
<input type="text"/>	<input type="text"/>	Date	<input type="text"/>																
<i>Signature</i>	<i>Relationship to child</i>																		
<b>FOR OFFICIAL USE</b>		Flat left thumb print of the informant																	
Stat	Birth																		
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td>I</td><td>O</td><td>S</td><td>M</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	I			O	S	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>																			

\* Delete whichever is not applicable.