



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 X

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

A. CHILD	COMPLETE WITH BLACK BALLPOINT PEN									
Surname	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"></table>									
Forenames in full	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"></table>									
Date of birth	<table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>	Gender <table border="1" style="width: 40px; height: 15px;"></table>								
Place of birth: City/Town	<table border="1" style="width: 150px; height: 15px;"></table>	Country <table border="1" style="width: 150px; height: 15px;"></table>								
Are the parents of the child married to each other?	<input type="checkbox"/> <input type="checkbox"/> If Yes, nature of marriage: Civil <input type="checkbox"/> Customary <input type="checkbox"/> Religious <input type="checkbox"/>									
Date of marriage	<table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>									
B. NATURAL FATHER OF CHILD/PARTNER i.t.o. section 5 of the Children's Status Act, 1987*										
Identity number	<table border="1" style="width: 100%; height: 15px;"></table>									
Date of birth	<table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>									
Surname	<table border="1" style="width: 100%; height: 15px;"></table>									
Forenames in full	<table border="1" style="width: 100%; height: 15px;"></table>									
Place of birth	<table border="1" style="width: 100%; height: 15px;"></table>									
Citizenship	<table border="1" style="width: 150px; height: 15px;"></table>	Permanent residence permit No. <table border="1" style="width: 100px; height: 15px;"></table>								
C. NATURAL MOTHER OF CHILD										
Identity number	<table border="1" style="width: 100%; height: 15px;"></table>									
Date of birth	<table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>									
Present surname	<table border="1" style="width: 100%; height: 15px;"></table>									
Maiden name	<table border="1" style="width: 100%; height: 15px;"></table>									
Forenames in full	<table border="1" style="width: 100%; height: 15px;"></table>									
Place of birth	<table border="1" style="width: 100%; height: 15px;"></table>									
Citizenship	<table border="1" style="width: 150px; height: 15px;"></table>	Permanent residence permit No. <table border="1" style="width: 100px; height: 15px;"></table>								
D. ACKNOWLEDGEMENT OF PATERNITY I.R.O. A CHILD BORN OUT OF WEDLOCK										
I hereby declare that I am the natural father of the above child.		Mother's permission to the acknowledgement of paternity.								
<table border="1" style="width: 200px; height: 20px;"></table>	<table border="1" style="width: 200px; height: 20px;"></table>	<table border="1" style="width: 200px; height: 20px;"></table>								
<i>Initials and surname</i>	<i>Signature</i>	<i>Initials and surname</i> <i>Signature</i>								
Identity number <table border="1" style="width: 100%; height: 15px;"></table>		Identity number <table border="1" style="width: 100%; height: 15px;"></table>								
Date <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>		Date <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>								
E. INFORMANT										
I, (forenames in full and surname).....										
Identity number	<table border="1" style="width: 100%; height: 15px;"></table>	<input type="checkbox"/> declare that the above information is correct.								
Contact address	<table border="1" style="width: 100%; height: 40px;"></table>									
		Postal code <table border="1" style="width: 100px; height: 15px;"></table>								
Telephone number <table border="1" style="width: 150px; height: 15px;"></table>	Area code <table border="1" style="width: 50px; height: 15px;"></table>									
<table border="1" style="width: 250px; height: 20px;"></table>	<table border="1" style="width: 200px; height: 20px;"></table>	Date <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table> <table border="1" style="width: 40px; height: 15px;"></table>								
<i>Signature</i>	<i>Relationship to child</i>									
FOR OFFICIAL USE		Flat left thumb print of the informant								
Stat	Birth									
<table border="1" style="width: 100%; height: 15px;"><tr><td>I</td><td>O</td><td>S</td><td>M</td></tr></table>	I		O	S	M	<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
I	O		S	M						
<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					<table border="1" style="width: 100%; height: 15px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					

* Delete whichever is not applicable.