



DC000084600

To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The form to be completed in black ink with BLOCK LETTERS. Please mark with  the CORRECT box, where required. Applications that are not legible shall not be accepted.

Please select below which certificate is required:

Unabridged Certificate

Certified copy of death register (vault copy)

Abridged Certificate

Handwritten abridged certificate

Please provide reasons for applying for this certificate [compulsory in terms of Section 29 (2) 9 (b) of the Act]:

A. PARTICULARS OF A DECEASED

Identity / Passport number    Death Entry no:

Date of death                   (write month in full)

Surname

Previous/Maiden surname

Forenames in full

Place of death: City/Town

Place of Burial: City/Town

Province of death/District  Country of death

B. PARTICULARS OF APPLICANT

Identity/Passport number

Surname

Forenames in full

Residential address: Street

Town/Village

Province /District  Postal code

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

Relationship to the Deceased:  Husband/Partner A  Wife/Partner B  Legal Representative

Authority officer, provide case number:

Other, please specify

I, \_\_\_\_\_ (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief, true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992)

Signature of Applicant: \_\_\_\_\_

Date:

C. APPLICATION RECEIVED BY:

Identity Number

Surname

Forenames in full

Persal No.

Date

DOCUMENTS SUBMITTED: PLEASE TICK

- Original ID document of applicant was presented
- Power of Attorney
- Payment received, if applicable

Office stamp - OFFICE OF ORIGIN

Signature \_\_\_\_\_