

ANNEXURE A



3-1/0016

REPUBLIC OF NAMIBIA

Ministry of Home Affairs and Immigration

NOTIFICATION OF BIRTH

WARNING - The penalties for false statements wilfully made are the same as those for perjury.**N.B.** This form must be completed in **BLOCK** letters and should preferably be signed by the father or mother or guardian.**CHILD**

1. NAME: Surname:

First names in full:

2. DATE OF BIRTH Year Month Day

3. PLACE OF BIRTH: (a) City/Town/Farm

Region:

Country:

(b) Was the child born in a Maternity Home or Hospital? (Yes or No).....

4. SEX: Male Female **FATHER OF CHILD**5. IDENTITY NUMBER

6. NAME: Surname:

First names in full

7. DATE OF BIRTH: Year Month Day

8. PLACE OF BIRTH:

9. CITIZENSHIP AT THE TIME OF CHILD'S BIRTH:

10. IF THE FATHER IS NOT A NAMIBIAN CITIZEN, STATE WHETHER HE IS A PERMANENT RESIDENT OF THE REPUBLIC OF NAMIBIA.

Yes or No If Yes, state -

Immigration Permit Number (not form number)..... and Date.....

MOTHER OF CHILD11. IDENTITY NUMBER

12. NAME: Present legitimate surname:

First names in full:

Maiden name:

13. DATE OF BIRTH: Year Month Day

14. PLACE OF BIRTH:

15. CITIZENSHIP AT THE TIME OF CHILD'S BIRTH:

16. IF THE MOTHER IS NOT A NAMIBIAN CITIZEN, STATE WHETHER SHE IS A PERMANENT RESIDENT OF THE REPUBLIC OF NAMIBIA.

Yes or No If Yes, state -

Immigration Permit Number (not form number)..... and Date.....

17. ARE PARENTS INDICATED UNDER ITEM 6 AND 12 LEGALLY MARRIED TO EACH OTHER?

Yes or No If yes, state -

Place where marriage was solemnised and Date.....

GENERAL INFORMATION

18. RESIDENTIAL ADDRESS WHERE CHILD WILL BE CARED FOR - USUALLY THAT OF THE PARENTS (COMPLETE THE APPLICABLE ITEMS ONLY):

(a) Name and number of plot/farm:

(b) Name and number in street/avenue/etc.:

(c) Name of suburb:

(d) Name of city/town/place:.....

(e) Magisterial region:.....

19. (a) NAME OF PERSON OR INSTITUTION IN WHOSE CARE THE CHILD IS - USUALLY THAT OF THE PARENTS.

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(b) POSTAL ADDRESS OF SUCH PERSON OR INSTITUTION, IF NOT THE SAME AS THE ADDRESS INDICATED AT ITEM 21:

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IMPORTANT

I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT.

20. RELATIONSHIP TO CHILD:.....

21. RESIDENTIAL ADDRESS:

SIGNATURE (OR MARK)

DATE.....

FOR OFFICIAL USE ONLY

ENTRY NUMBER:

REGISTRAR:

CHECKED:.....

DATE:

