GOVERNMENT NOTICE

No. 52  Notification forms and certificates: Birth, Marriages and Deaths Registration Act, 1963

__SCHEDULE__

ARRANGEMENT OF ANNEXURES

Annexure A: Notification of birth.
Annexure B: Application for late registration of birth
Annexure C: Application for duplicate abridged/full birth certificate
Annexure D: Application for registration of birth in terms of the Namibian Citizenship Act, 1990
Annexure E: Application for the re-registration of birth
Annexure F: Application for the alteration, insertion, omission of a first name in the birth register
Annexure G: Notice of intention of change of surname
Annexure H: Affidavit
Annexure I: Acknowledgement of Receipt
Annexure J: Application for correction of full birth certificate: Notice of approval
Annexure K: Submission
Annexure L: Acknowledgement of receipt
Annexure M: Application for the authority in terms of section 9 of the Aliens Act, 1937 to assume another surname
Annexure N: Full birth certificate
Annexure O: Full birth certificate non-Namibian
Annexure P: Abridged certificate of registration of birth
Annexure Q: Birth Certificate
Annexure R: Birth certificate for non-Namibians
Annexure S: Particulars of Deceased/stillborn child
Annexure T: Application for the late registration of death
Annexure U: Removal/Burial Order
Annexure V: Application for duplicate death certificate
Annexure W: Death Certificate
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Annexure Y: Death certificate
Annexure Z: Declaration for the purpose of a marriage
Annexure Aa: Consent to the marriage of a minor
Annexure Bb: Application for amendment of a marriage register
Annexure Cc: Application for duplicate marriage certificate
Annexure Dd: Marriage register
Annexure Ee: Marriage certificate
Annexure Ff: Marriage certificate
Annexure Gg: Marriage officer certificate
ANNEXURE A

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 CHILD

11. 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.

   ..........................................................................................................................

   ..........................................................................................................................

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

   ..........................................................................................................................

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: .............................................................................

INPUT VOUCHER
ANNEXURE B

REPUBLIC OF NAMIBIA
Ministry of Home Affairs and Immigration
APPLICATION FOR THE LATE REGISTRATION OF BIRTH

WARNING: The penalties for false statements willfully made are the same as those for Perjury.
N.B.: Read the information on page 4 before completing the form.

A. CHILD / APPLICANT

Surname: ____________________________
First names in full: ____________________________
Date of Birth: _______________ Place of Birth: ____________________________
Country of Birth: ____________________________
Residential Address: ____________________________
Tel/Cell No: ____________________________
Identity number: ____________ Sex: Male Female
Was the child born in a Maternity Home or Hospital? Yes No

B. FATHER OF CHILD / APPLICANT

State whether father is: Alive Dead
His present residential address (if alive): ____________________________
Tel/Cell No: ____________________________
If deceased, state date: _______________ Place and Region of death: ____________________________
Surname: ____________________________
First names in full: ____________________________
Date of Birth: _______________ Place of Birth: ____________________________
Country of Birth: ____________________________
Identity number: ____________
Citizenship at the time of child’s / applicant’s birth:
If the father is not a Namibian citizen, state whether he is a permanent resident of the Republic of Namibia: Yes No
If yes, state Permanent Residence Permit Number (not number of form) ____________________________
and the date: ____________________________
C. MOTHER OF CHILD / APPLICANT

State whether mother is: [ ] Alive [ ] Dead

Her present residential address (if alive): ____________________________________________
Tel/Cell No: ________________________________________________________________

If deceased, state date: ___________________________ Place of Region of death: __________

Surname: ___________________________ Maiden name: ___________________________

First names in full: ____________________________________________________________

Date of Birth: ___________________________ Place of Birth: _______________________

Country of Birth: _____________________________________________________________

Identity number: ___________________________ ___________________________ ___________________________

Citizenship at the time of child’s / applicant’s birth:
If the Mother is not a Namibian citizen, state whether she is a permanent resident of the Republic of Namibia:
[ ] Yes [ ] No

If yes, state Permanent Residence Permit Number (not number of form) ___________________________ and the date: _______________________

D. Are the parents indicated under Item B and C legally married to each other? [ ] Yes [ ] No

If yes, state place were marriage was solemnised: ___________________________

Date: _______________________

E. ACKNOWLEDGEMENT OF PARENTAGE OF A CHILD BORN OUT OF WEDLOCK
(This part must be completed and signed in the presence of a Registrar of Births)

FATHER

I, ____________________________________________________________

Identity number ___________________________ declare that I am the biological father of the
abovementioned child and give permission for the registration of his/her birth in my surname.

Signature (Father): ___________________________ Left thumb print

Date: ___________________________

MOTHER

I, ____________________________________________________________

Identity number ___________________________ declare that I am the biological mother of the
abovementioned child and consent for the registration of his/her birth in the surname of the biological father.

Signature (Mother): ___________________________ Left thumb print

Date: ___________________________
F. GENERAL INFORMATION IN RESPECT OF THE APPLICANT HIMSELF/HERSELF OR THE FATHER/MOTHER/GUARDIAN OF THE CHILD

Name of person or institution in whose care the child/applicant is (usually that of the parents):

Name:________________________________________________________________________

Postal Address:_________________________________________________________________

Residential Address:________________________________________________________________

Relationship to child:_________________________________ Tel/Cell No:_________________

G. State whether you have previously applied for a Namibian Birth Certificate:    Yes [ ]    No [ ]

If yes, state:

(i) When:______________________________________________________________

(ii) At which office:_________________________________________________________________

APPLICATIONS MUST BE SIGNED IN THE PRESENCE OF A REGISTRAR OF BIRTHS.

I declare under oath that the particulars given by me are, to the best of my knowledge true and correct.

Signature of Deponent:_________________________________________________________   Date:________________________

H. FOR OFFICE USE ONLY

1. I certify that before administering the oath/affirmation, I asked the deponent(s) the following questions and wrote down his/her answer in his/her presence:

   (a) Do you know and understand the contents of this declaration? (Yes or No)

       Answer:______________________________________________________________

   (b) Do you have any objections to taking the prescribed oath? (Yes or No)

       Answer:______________________________________________________________

   (c) Do you consider the prescribed oath to be binding on your conscience? (Yes or No)

       Answer:______________________________________________________________

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn/affirmed before me and that the deponent’s Signatures/Thumb prints/Marks were placed thereon in my presence.

Signature:__________________________________________________________   Registrar of Births

Surnames:__________________________________________________________

Full names:__________________________________________________________

Business Address:_____________________________________________________

Date:______________________________________________________________

Designation (Rank)   Official date stamp
I. GENERAL INFORMATION

1. This form must be completed in BLOCK letters and should be preferably be signed by the father, mother, guardian or the applicant self (if he/she is older than 21 years of age).

2. When completing Part E, the father and mother must be present with their identity cards. (The office personnel will assist you in completing this part).

3. A late registration of the birth is done when a person is one year or older. In order to substantiate application for the late registration of birth the following documents should be attached to this form:
   * Maternity certificate / proof of birth
   * Marriage certificate of the parents
   * Identity documents of the parents
   * Birth certificate of the parents
   * Affidavit from principal of first school attended
   * Death certificate of parents if they are deceased.

4. The left thumb print of person for whom a late registration of birth is applied must be provided in the box below. (Only persons who are thirteen years and older)

   ![Left thumb print](image)

5. The abridged birth certificate may be issued after the application for late registration has been approved.

6. Every birth may be registered in the region or area in which it occurs.

J. NAMES OF RELATIVES OR ACQUAINTANCES WHO CAN BE CONTACTED FOR FURTHER INFORMATION

1. Name ____________________________________________ Tel/Cell No: __________________________
   Identity number: ____________________________ Relationship: ____________________________
   Residential Address: ____________________________

2. Name ____________________________________________ Tel/Cell No: ____________________________
   Identity number: ____________________________ Relationship: ____________________________
   Residential Address: ____________________________

K. FOR OFFICE USE ONLY

Checked by (Full name): ____________________________ Date: ____________________________

Approved/Not approved: ____________________________ Date: ____________________________

Approved by (Full name): ____________________________ Date: ____________________________

Reason, if not approved: ____________________________

__________________________
__________________________
__________________________
# ANNEXURE C

## MINISTRY OF HOME AFFAIRS AND IMMIGRATION

**APPLICATION FOR DUPLICATE ABRIDGED/FULL BIRTH CERTIFICATE**

<table>
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<th>ID NO</th>
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</thead>
</table>

Surname: ________________________________

Maiden Name: (if applicable) ________________________________

First Name(s) in Full: ________________________________

Date of Birth: Day Month Year  Sex: ________________

Place of Birth: City Country: ________________________________

Surname of Father: ________________________________

First Name(s): ________________________________

Date of Birth: Day Month Year: ________________________________

Place of Birth: City Country: ________________________________

Surname of Mother: ________________________________

First Name(s): ________________________________

Date of Birth: Day Month Year: ________________________________

Place of Birth: City Country: ________________________________

Are parents legally married? ________________________________

If yes, Place of Marriage: ________________________________ Date of Marriage: ________________________________

Mark with an X whichever is applicable:

* Abridged Certificate (_____)
* Full Certificate (_____)

Purpose for which the certificate is required: ________________________________

Name of applicant: ________________________________

Postal Address: ________________________________ Tel: ________________________________

Signature: ________________________________ Date: ________________________________
ANNEXURE D

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS

Department of Civic Affairs

APPLICATION FOR REGISTRATION OF BIRTH IN TERMS OF THE NAMIBIAN CITIZENSHIP ACT, 1990

Directives:
1. This form must be completed in BLOCK letters.
2. The completed form must be lodged with the office of the Ministry of Home Affairs.
3. The form must be completed by the father or mother who is a Namibian Citizen.

CHILD

Surname:

First name(s) in full:

Date of birth: Day __________ Month __________ Year __________

Country of birth:

Sex: [ ] Male [ ] Female

FATHER OF CHILD

Surname:

First name(s) in full:

Date of birth: Day __________ Month __________ Year __________

Country of birth:

Identity Number:

Date of marriage: __________ Place of marriage: __________

CITIZENSHIP OR NATIONALITY OF FATHER

I was a citizen of (state country) ___________________________ at the time of my child
birth. I acquired the citizenship of the said country by virtue of ___________________________.

(date) ___________________________________ while resident in (country) ___________________________. I was

possession of Namibian Passport No.: ___________________________ issued at (place) ___________________________

on (date) ___________________________________ valid until (date) ___________________________
MOTHER OF CHILD

Surname: ___________________________ Maiden Name: ___________________________

First name(s) in full: ___________________________

Date of birth: Day ____________ Month ____________ Year ____________

Country of birth: ____________________________________________________________________

Identity Number: ____________________________________________________________________

Citizenship or Nationality: ____________________________________________________________________

CITIZENSHIP OR NATIONALITY OF MOTHER

I was a citizen of (state country) ____________________________ at the time of my child's
birth. I acquired the citizenship of the said country by virtue of ____________________________, or
(date) ____________________________ while resident in (country) ____________________________ I was in
possession of Namibian Passport No.: ____________________________ issued at (place) ____________________________
on (date) ____________________________ valid until (date) ____________________________

DECLARATION

I, (name in full) ____________________________,
at present residing at (address in full) ____________________________,

Hereby declare that:

(a) I am the father / mother of the above-mentioned child and that I have not acquired citizenship or nationality of any
other country by a formal and voluntary act while absent from Namibia and that the information furnished above is to
the best of my knowledge and belief correct; or

(b) I am the legal guardian of the above-mentioned child and that the father / mother of the child has not acquired the
citizenship or nationality of any other country by a formal and voluntary act while absent from Namibia and that the
information furnished above is to the best of my knowledge and belief correct.

Signature: ____________________________
Capacity: ____________________________
(Father / mother / legal guardian)

Date: ____________________________

Place: ____________________________

FOR OFFICIAL USE

Date of registration: ____________ District: ____________________________

__________________________________________
REGISTRAR
ANNEXURE E

REPUBLIC OF NAMIBIA
Ministry of Home Affairs and Immigration
APPLICATION FOR THE RE-REGISTRATION OF BIRTH
(In terms of Section 11 Act 81 of 1963)

* I/We (i) ____________________________________________ (ii)
hereby apply for the re-registration of the birth of ____________________________________________
Surname and first names of the father
Identity number ____________________________
and surname and first names of mother
Identity number ____________________________

* I/We declare under oath/solemnly declare that the particulars given below are to the best of my/our knowledge and belief true and correct.

* They/We are the natural parents of (full names of child/applicant) ____________________________________________

an illegitimate child born at place ____________________________________________ Region ____________________________________________
on date ______/_____/_____. * They/We have been married to each other since ______/_____/_____. and in evidence of which a marriage certificate is enclosed.

* I/We now apply for registration of the abovementioned child’s birth in terms of Section 11 (1) Act 81 of 1963.

Signature(s): ____________________________________________ Father ____________________________________________ Mother ____________________________________________ Applicant ____________________________________________

1. I certify that before administering the oath/affirmation I asked the deponent(s) the following questions and wrote down * his/her/their answer in * his/her/their presence:
   (a) Do you know and understand the contents of this declaration? (Yes or No)
   Answer: Father ____________________________ Mother ____________________________ Applicant ____________________________
   (b) Do you have any objection to taking the prescribed oath? (Yes or No)
   Answer: Father ____________________________ Mother ____________________________ Applicant ____________________________
   (c) Do you consider the prescribed oath to be binding on your conscience? (Yes or No)
   Answer: Father ____________________________ Mother ____________________________ Applicant ____________________________

2. I certify that the deponent(s) have acknowledged that * he/she/they * knows/know and understand the contents of this declaration which was sworn to/affirmed before me and that the deponent’s * signatures/thumb prints/marks were placed thereon in my presence.

Signature: ____________________________________________ Justice of the Peace/Commissioner of Oaths ____________________________________________ Designation (Rank)

Full names and surname ____________________________________________
Business Address ____________________________________________
Date ____________________________ Area ____________________________

1. *Delete whichever is not applicable.
2. If the person whose surname must be altered is over 21 years of age, the application may be signed by himself/herself.
3. If the person whose surname must be altered is under 21 years of age, the application must be signed by his/her father. If the father is deceased, the form must be signed by the mother and father’s death certificate must accompany this form.

Vantage SP 22263
ANNEXURE F

0/2737(2)

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR THE ALTERATION/INSERTION/OMISSION OF A FIRST NAME IN THE BIRTH REGISTER

I, ...........................................................................................................

the* ...........................................................................................................

of* ...........................................................................................................

born at ...........................................................................................................

on ............................................................................................................ Entry No. ...........................................................................................................

request that the first names as stated above be altered in the birth register as follows:

(a) The first name(s) .................................................................................... must be altered
to ............................................................................................................

(b) The first name(s) .................................................................................... must be inserted.

(c) The first name(s) .................................................................................... must be omitted.

The full first names as they should appear in the birth register must be as follows:

............................................................................................................

Reasons for alteration: ............................................................................

Date: ............................................................................................................ Signature

Address of applicant ....................................................................................

............................................................................................................

............................................................................................................

Note – (1) If the person whose first name must be altered is over 18 years of age, the application must be
signed by him/herself

(2) If the person whose names must be altered is under 18 years of age, the application must be signed by
his/her father. If the father is deceased, the form must be signed by the mother or legal guardian and the
father’s death certificate must accompany the form.

* Delete if the applicant is a person whose first name must be altered and is over 18 years of age, otherwise state: “FATHER”; “MOTHER”; “LEGAL GUARDIAN”

Copics & More 01
ANNEXURE G

THE ALIENS ACT, 1937
NOTICE OF INTENTION OF CHANGE OF Surname

I,(1) ________________________________________________________________
residing at ____________________________________________________________

and carrying on business/employed as (2)______________________________

intend applying to the Minister of Home Affairs and Immigration for authority under section 9 of the Aliens Act, 1937, to assume the surname...

for the reasons that (3)

I previously bore the name(s) (4) ________________________________________

I intend also applying for authority to change the surname of my wife

and minor child(ren) (5) _____________________________________________

__________________________

Any person who objects to my/our assumption of the said surname

of _________________________________________________________________

should as soon as may be lodge his/her objection, in writing, with a statement of his/her reasons therefor, with the Magistrate of _________________________

(Signed) __________________________________________________________

Date ________________________________ 19

(1) Full present name or names.
(2) Full particulars of business or employment.
(3) State reasons.
(4) State all other names and surname, previously borne (if any).
(5) Delete whichever is not applicable.
ANNEXURE H

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquiries: Private Bag 13200
Tel: (061) 3902231 WINDHOEK
Fax: (061) 3902143

AFFIDAVIT

Your Ref: ________________________

1. The undersigned...........................................................................................................

2. He/she was born at (place) _____________________________ on _____________________

3. The Surname/POB/DOB/Gender description is erroneously recorded in the birth certificate as ___________________________

4. I/he/she hereby applying for the alteration of my/his/her surname/sex description in the birth register from ___________________________ to ___________________________

My Identity No. is ___________________________

DATE ___________________________ DEponent

I certify that before administering the oath/affirmation I asked the deponent the following question and wrote down his/her answers in his/her presence.

[a] Do you know and understand the contents of this declaration?
   Answer: ___________________________

[b] Do you have any objection on taking the prescribed oath?
   Answer: ___________________________

[c] Do you consider the prescribed oath to be binding on your conscience?

I certify that the deponent has acknowledged that he/she knows and understands the content of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb - print/marks was placed thereon in my presence.

COMMISSIONER OF OATHS

BLOCK LETTERS

Full names and surname

Business address

Designation (rank)

Area

Date

All official correspondence must be addressed to the Permanent Secretary
ANNEXURE I

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Tel: (09 264 61) 292211
Fax: (09 264 61) 26422185
Private Bag 13200
WINDHOEK

Enquiries: _________________________
Our Ref: _________________________
Your Ref: _________________________

ACKNOWLEDGEMENT OF RECEIPT

Receipt of the application for the change of surname with the following details acknowledges:

Surname: _________________________ To _________________________

Full Names: _________________________

Date of Birth: _________________________

Place of Birth: _________________________

Entry of Number: _________________________

Date of Application: _________________________

______________________________
Amb. P. NANDAGO
PERMANENT SECRETARY

DATE STAMP

All official correspondence must be addressed to the Permanent Secretary
ANNEXURE J

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquiries:

Tel.: (061) 3922111
Fax: (061) 392185

Private Bag: 13200
WINDHOEK

Our Ref.: .................................................................

The Register
Birth, Marriages and Death:
Private Bag: .................................................................

Dear Sir/Madam

APPLICATION FOR CORRECTION OF FULL BIRTH CERTIFICATE: NOTICE OF APPROVAL

1. Surname: .................................................................................................................................
   Forenames: ...............................................................................................................................
   Date of Birth: ..........................................................................................................................
   Place of Birth: ..........................................................................................................................
   Entry Number: .......................................................................................................................  

2. Particulars of Child’s Father
   Surname: .................................................................................................................................
   Forenames: ...............................................................................................................................
   Date of Birth: ..........................................................................................................................
   Place and Country of Birth: ....................................................................................................

All official correspondence must be addressed to the Permanent Secretary
3. **Particulars of Child's Mother**

Surname:.................................................................

Forenames:............................................................... 

Date of Birth:............................................................

Place and Country of Birth:............................................

4. **General Information**

Are the parents indicated married to each other: Yes/No

Place:............................................. Date:....................

Capacity:...........................................................................

The application to alter the parents' particulars of the above-mentioned have been approved and an adjusted Birth Certificate has been issued.

Please alter your Birth Register accordingly.

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

CONTROL OFFICER

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

CHIEF CONTROL OFFICE

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

UNDER SECRETARY
ANNEXURE K

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquires
Private Bag 15200
WINDHOEK

SUBMISSION

Tel: (061) 292211
Fax: (061) 2922185

I, the undersigned 

The 

of 

Hereby declare that:

My address 

I/he/she was born at (place) 

The Surname is erroneously recorded in the birth certificate as 

I/he/she hereby applying for the Submission of my/his/her surname in the birth register from 

My identity No. is 

DATE 

SIGNATURE

I certify that before administering the oath/affirmation I asked the deponent the following question and wrote down his/her answers in his/her presence.

Do you know and understand the contents of this declaration? 

Answer 

Do you have any objection on taking the prescribed oath?

Answer 

Do you consider the prescribed oath to be binding on your conscience?

Answer 

I certify that the deponent ha acknowledge that he/she knows and understands the content of this declaration which was sworn go/affirmed before me and deponent signature/thumb print/marks was placed thereon in my presence.

BLOCK LETTERS:

Full names and surname 

Business address 

Region 

Designation (rank) 

Date

COMMISSIONER OF OATHS
ANNEXURE L

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION

Enquires:
Tel: (061) 2922111  Head Office
Fax: (061) 2922185  Private Bag 13200

Our Ref:.................................  Your Ref:.................................

ACKNOWLEDGEMENT OF RECEIPT
(Complete in duplicate)

TASK: CHANGE OF PERSONAL PARTICULARS

Surname: ___________________________  Initials: ___________________________
Date of Birth: ______________________  Date of marriage: ______________________

( ) Alternation of date of death  ( ) Entry no:__________________________
( ) Alternation of date of birth  ( ) Correction of date of marriage
( ) Alternation of first/second names  ( ) Correction of first/second names
( ) Omission of first/second names  ( ) Duplicate of marriage certificate
( ) Insertion/spelling of first/second name  ( ) Duplicate of marriage with/without ANC
( ) Alteration correction of gender description  ( ) Correction of marriage certificate
( ) Re- registration  ( ) Original marriage certificate submitted
( ) Adoption  ( ) Correction of full birth certificate

OFFICER’S SIGNATURE  APPLICANTS SIGNATURE

Warning period: .........................
ANNEXURE M

APPLICATION FOR AUTHORITY IN TERMS OF SECTION 9
OF THE ALIENS ACT, 1937, TO ASSUME ANOTHER SURNAME

I hereby apply for the authority of the Minister of Home Affairs under section 9 of the Aliens Act, 1937, to assume the surname...
and furnish the following particulars regarding myself:-
Christian Names:
Identity Number:
Place of birth:
Occupation:
Residential Address:
I also wish to include my wife and minor children, particulars of who are as follows:-
Wife's first names(x):
Wife's maiden name(x):
Children:-

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>PLACE OF BIRTH</th>
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</tbody>
</table>

I declare under oath /solemnly declare that the particulars given above are to the best of my knowledge and belief true and correct.
(Signed) ........................................ Date ........................................

*Delete whichever is not applicable.

I certify that before administering the oath /affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:
[a] Do you know and understand the contents of this declaration?
Answer: ........................................

[b] Do you have any objection to taking the prescribed oath?
Answer: ........................................

[c] Do you consider the prescribed oath to be binding on your conscience?
Answer: ........................................

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was *sworn to/affirmed before me and the deponent's signature/thumbprint/mark was placed thereon in my presence.
(Signed) ........................................ Date ........................................

JUSTICE OF THE PEACE /COMMISSIONER OF OATHS
FIRST NAMES AND SURNAME ........................................
ADDRESS ........................................

DESIGNATION

(RANK) ........................................

I consent to the above application made on my behalf.

(Wife of applicant)

*Delete whichever is not applicable.
f Delete if not applicable. /eb-dcp16
ANNEXURE N

Republic of Namibia

MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION

FULL BIRTH CERTIFICATE

Certified a true extract from the birth register of:
A. Particulars of Child

<table>
<thead>
<tr>
<th>1. Surname:</th>
<th>2. First names:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Date of Birth</th>
<th>4. Identity Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Sex:</th>
<th>6. Place of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>7. Country of Birth:</th>
<th>8. Entry Number:</th>
</tr>
</thead>
</table>

B. Particulars of child's father

<table>
<thead>
<tr>
<th>9. Surname:</th>
<th>10. First names:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Date of Birth</th>
<th>12. Place of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Country:</th>
</tr>
</thead>
</table>

C. Particulars of child's mother

<table>
<thead>
<tr>
<th>14. Surname:</th>
<th>15. First names:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>16. Date of Birth</th>
<th>17. Place of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
</tr>
<tr>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Country:</th>
</tr>
</thead>
</table>

D. General Information

19. Are the parents indicated under Items B and C married to each other? (Yes or No)

<table>
<thead>
<tr>
<th>Place:</th>
<th>Date:</th>
</tr>
</thead>
</table>

E. Informant

<table>
<thead>
<tr>
<th>20. Capacity:</th>
<th>21. Signed by:</th>
</tr>
</thead>
</table>

OFFICE STAMP

FOR MINISTRY OF HOME AFFAIRS AND IMMIGRATION
ANNEXURE O

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION
DEPARTMENT OF CIVIC AFFAIRS

FULL BIRTH CERTIFICATE
NON-NAMIBIAN

Certified a true extract from the birth register of:

A. Particulars of Child

1. Surname:

2. First Names:

3. Date of Birth: Day Month Year

4. Identity Number:

5. Sex:

6. Place of Birth:

7. Country of Birth:

8. Entry Number:

B. Particulars of Child's Father

9. Surname:

10. First Names:

11. Date of Birth: Day Month Year

12. Place of Birth: Status of Father in Namibia

13. Country

C. Particulars of Child's Mother

14. Surname:

15. First Names:

16. Date of Birth: Day Month Year

17. Place of Birth: Status of Mother in Namibia

18. Country

D. General Information

19. Are the parents indicated under items B and C married to each other? (Yes or No)

Place: ___________________________ Date: ___________________________

E. Informant


OFFICE STAMP

FOR MINISTRY OF HOME AFFAIRS AND IMMIGRATION
ANNEXURE P

REPUBLIC OF NAMIBIA

Ministry of Home Affairs and Immigration

ABRIDGED CERTIFICATE OF REGISTRATION OF BIRTH

Surname: ________________________________________________________________

First names: ____________________________________________________________

Date of Birth: Year [ ] [ ] [ ] Month [ ] Day [ ]

Place of Birth: __________________________ Country: _________________________

Sex: __________________________________________________________________

Entry number: __________________________________________________________

CERTIFIED TO BE A TRUE EXTRACT FROM THE BIRTH REGISTER

for MINISTRY OF HOME AFFAIRS
ANNEXURE Q

REPUBLIC OF NAMIBIA
 MINISTRY OF HOME AFFAIRS AND IMMIGRATION
 BIRTH CERTIFICATE

PARTICULARS OF CHILD

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>Identity number:</td>
</tr>
<tr>
<td>Constituency of birth:</td>
<td>Region of birth:</td>
</tr>
<tr>
<td>Country of birth:</td>
<td>Entry number, if applicable:</td>
</tr>
</tbody>
</table>

PARTICULARS OF CHILD'S FATHER

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of birth:</td>
<td>Nationality:</td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

PARTICULARS OF CHILD'S MOTHER

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First name(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of birth:</td>
<td>Nationality:</td>
</tr>
<tr>
<td>Date of birth:</td>
<td></td>
</tr>
</tbody>
</table>

INFORMANT

<table>
<thead>
<tr>
<th>Capacity of the informant:</th>
<th>Signed by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of registrar:</td>
<td>Register of Births:</td>
</tr>
<tr>
<td>Place:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Signature
ANNEXURE R

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

BIRTH CERTIFICATE FOR NON-NAMIBIANS

PARTICULARS OF CHILD

Surname:  
First name(s):  
Date of birth:  
Identity number:  
Region of birth:  
Gender:  
Country of birth:  
Enter number, if applicable:  

PARTICULARS OF CHILD'S FATHER

Surname:  
First name(s):  
Place of birth:  
Nationality:  
Date of birth:  
ID/Passport number:  

PARTICULARS OF CHILD'S MOTHER

Surname:  
First name(s):  
Place of birth:  
Nationality:  
Date of birth:  
ID/Passport number:  

Maiden name: (if applicable)  
INFORMANT

Capacity of the informant:  
Signed by:  

Full name of registrar:  
Registrar of Births:  
Signature:  
Place:  
Date:  

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Omnop 2013
ANNEXURE S

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

NOTIFICATION OF DEATH
N.B.: PRINT CLEARLY
WARNING: The penalty for false information wilfully given in the same as that for perjury.

PARTICULARS OF *DECEASED / STILLBORN CHILD

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>&quot;Identity number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Surname:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Firstnames in full:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Date of birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Sex:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Marital status:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Occupation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Place of birth:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Residential address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Pension (if any)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 11. | "If the deceased was not a Namibian citizen and had been in Namibia only temporarily, state:
(a) Date of expiry of residence permit: |   |   |   |   |   |
(b) Number of residence permit: |   |   |   |   |   |

N.B.: If these particulars are not obtainable state "NOT PERMANENT RESIDENT".

PARTICULARS OF DEATH

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Date of &quot;death / stillborn:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>(a) Place of &quot;Death / Stillborn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(b) Region |   |   |   |   |   |
| 14. | Did the person die in a hospital or nursing home ? (Answer Yes or No) |   |   |   |   |   |
| 15. | Causes of death (if stillborn, state "Stillbirth") |   |   |   |   |   |
| 16. | Name of medical practitioner / midwife: |   |   |   |   |   |
| 17. | Intended place of burial: |   |   |   |   |   |

PARTICULARS OF PARENTS OF STILLBORN CHILD

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Firstnames and surname of father:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Firstnames and surname of mother:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PARTICULARS OF INFORMANT

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Name of Informant:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
21. | Residential address: |   |   |   |   |   |
22. | Signature: |   |   |   |   |   |
23. | Capacity: |   |   |   |   |   |
24. | Date: |   |   |   |   |   |

* Delete whichever is not applicable
** Delete if not applicable

No information regarding items 1, 4, 7, 8, 9, 10, and 11 should be furnished in the case of stillborn.
ANNEXURE T

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR THE LATE REGISTRATION OF DEATH
(In terms of section 7 of Act or 1983)

Identity number: .................................................................

Residential address: ..........................................................

Postal address: ................................................................. Residential address: ..........................................................

being (relationship to the deceased): ........................................ (name of deceased): ..........................................................

Date of birth: ................................................................. Identity Number

who died at (place): ........................................................... in the region of: ..........................................................

on ........................................ hereby request that authority may be granted to the Registrar of Deaths

at (place): ...............................................................to register the death of the aforesaid deceased ::

1. The reason why this death was not registered within the period described is:

2. Purpose for which the death certificate is required:

3. The Mortuary where the body was kept:

   (a) ......................................................................................

   (b) Burial place .....................................................................

   (c) Date of burial ..................................................................

4. In support of my application I attach (indicate by means of a cross wherever is applicable):

   (a) the medical certificate stating cause of death, issued by the medical doctor who attended the deceased during his/her

   last illness;

   (b) the police report (in case of the deceased did not occur in a hospital);

   (c) Affidavit(s) made by the person or persons present on at death

I declare that the information furnished above is to the best of my knowledge true and correct.

Date: ...........................................................................

Signature of deponent

FOR OFFICE USE ONLY

Full name of the officer in charge ................................................................. OFFICIAL

Decision taken ................................................................................ Date

Signature ........................................................................ Date
ANNEXURE U

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION

REMOVAL/BURIAL ORDER

PARTICULARS OF DECEASED

*1. Identity Number

* 2. Surname

* 3. First Name

4. Date of Birth  Day  Month  Year

5. Sex

6. Cause of Death

7. I do hereby authorize the burial of the above-mentioned person in the cemetery at

NB: This authority also covers the removal of the body, if necessary from or through any urban area to any other area for the purpose of burial.

Registrar of Deaths/ Police Officer

8. Force Number

9. Order Handed to: Address

*NOT APPLICABLE FOR STILL-BIRTHS
ANNEXURE V

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR DUPLICATE DEATH CERTIFICATE

PARTICULARS OF THE DECEASED

1. Identity number (if available)

2. Surname

3. Maiden Name

4. Forenames in full

5. Date of birth

6. Sex

7. Marital Status

8. Date of death

9. Place of death

10. Region of Death

PARTICULARS OF THE APPLICANT

1. Identity No:

2. Names:

3. Postal Address

4. Telephone

5. Purpose for applying for duplicate death certificate:

All official correspondence must be addressed to the Permanent Secretary
6. Relationship to the deceased

7. Signature of Applicant  Date

**OFFICE USE ONLY**

1. Entry Number of Death Record

2. Causes of Death

3. Payment Receipt Number

4. Remarks
DEATH CERTIFICATE

Identity Number

Surname: .................................................................

Christian names: ...............................................................

Date of death: .................................. Region of death: ...............................................................

Gender: .................................................................

Date of Birth: .................................. Marital status: ............................................................... 

Causes of death: ............................................................

Certified to be a true extract from the death register.

Place: .................................................................

Register of Deaths Date: ............................................................... 

Entry number: .................................................................

*Delete whichever is not applicable.
ANNEXURE X

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
AND IMMIGRATION
FULL DEATH CERTIFICATE
(issued in terms of Act 91 of 1990)

Certified a true extract
from death register of:

1. Identity Number: ____________________________

2. Surname: __________________________________

3. First name: __________________________________

4. Date of birth: Year ___________ Month _______ Day _______

5. Sex: ____________________________

6. Marital Status: ____________________________

7. Country of birth: ____________________________

8. Occupation: ____________________________

9. Nature of pension: ____________________________

10. Residential address: ____________________________

PARTICULARS OF DEATH

11. Date of death: Year ___________ Month _______ Day _______

12. Place of death: ____________________________

13. Causes of death: ____________________________

14. Duration of disease or last illness: ____________________________

15. Name of medical practitioner: ____________________________

16. Intended place of burial: ____________________________

17. Entry no: ____________________________

INFORMANT

18. Capacity: ____________________________

19. Signed by: ____________________________

______________________________
OFFICIAL DATE STAMP

for Ministry of Home Affairs
and Immigration
# ANNEXURE Z

**ANNEXURE Z**

**PARTICULARS OF APPLICANT**

| 1. Surname (Present legitimate in the case of a woman): |  
| 2. Maiden name: |  
| 3. First Names: |  
| 4. Date of birth: Year [ ] [ ] [ ] Month [ ] Day [ ] | 5. Gender |  
| 6. Marital status: State bachelor, spinster, widower, widow or divorces: |  
| 7. Country of Birth: |  
| 8. Postal address: |  

**PARTICULARS OF PROSPECTIVE HUSBAND/WIFE**

| 9. Surname (present legitimate surname in the case of a woman): |  
| 10. Maiden name: |  
| 11. First Names: |  

*Declare under oath/solemnly declare that the particulars given above are to the best of my knowledge and belief true and correct and -  

(i) that we are not within the prohibited degrees of relationship;  
(ii) that there is no lawful impediment to our marriage; and  

*(iii) that I have the written consent of my parents/guardian/commissioner of Child Welfare, the Cabinet or a competent court, as the case may be:  

---

Signature [ ] [ ] [ ] [ ] [ ] Date [ ] [ ] [ ] [ ]

Delete whichever is not applicable  
* Delete the whole of the item if applicant is a major.

I certify that before administering the prescribed oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his / her presence:

1) Do you know and understand the contents of this declaration? [YES] [NO]  
2) Do you have any objection to taking the prescribed oath? [ ] [ ]  
3) Do you consider the prescribed oath to be binding on your conscience? [ ] [ ]

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to / affirmed before me and that the deponent's signature/thumbprint/mark was placed thereon in my presence at  

on this day of 20[ ]  

Signed: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Commissioner of Oaths [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Designation (Rank) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

First Names [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Area [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
ANNEXURE Aa

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS

CONSENT TO THE MARRIAGE OF A MINOR

* We/t the *parent(s)/guardian of

Surname of minor: ____________________________________________

Forenames of minor: ____________________________________________

Identity Number: ____________________________ Date of birth Year __ Month __ Day __

hereby consent to *his/her marriage to

Surname: ____________________________________________

Forenames: ____________________________________________ Date of birth Year __ Month __ Day __

Identity Number: ____________________________

<table>
<thead>
<tr>
<th>*Father / guardian</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td>Forenames:</td>
<td></td>
</tr>
<tr>
<td>Identity Number:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

Remarks: ____________________________________________

__________________________________________

* Delete whichever is not applicable
ANNEXURE Bb

MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION
APPLICATION FOR AMENDMENT OF A MARRIAGE REGISTER

1. That on the ___________________________ at ____________________________ I was married to ____________________________.

2. That my first names/surnames/DoB appear(s) on my certificate of registration of marriage as follows:

3. That my first names/surnames/age appear(s) on my certificate of registration of birth/baptismal certificate as follows:

4. That my first names/surnames appear(s) on my Identity Document Number ____________________________ as follows:

(designate which is not applicable).

5. That my first names/surname/DoB was/were incorrectly given at the time of my marriage for the following reasons:

6. That I hereby apply for the amendment of my first names/surname/DoB in my marriage register from ____________________________ to ____________________________.

DATE ____________________________ 

Signature ____________________________

Undersigned hereby declare that I have read the above statement by my husband/wife and that, to the best of my knowledge, the contents thereof are true and that I have no objection to the proposed amendment.

DATE ____________________________ 

Signature ____________________________

1. I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:

   a) Do you know and understand the contents of this declaration?
      Answer ____________________________

   b) Do you have any objection to taking the prescribed oath?
      Answer ____________________________

   c) Do you consider the oath to be binding on our conscience?
      Answer ____________________________

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent’s signature/thumb print/mark was placed thereon in my presence.

BLOCK LETTERS ____________________________

COMMISSIONER OATHS ____________________________

Fell names and surnames: ____________________________

Business address: ____________________________

Designation (Rank): ____________________________
ANNEXURE Cc

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR DUPLICATE MARRIAGE CERTIFICATE

PARTICULARS OF HUSBAND

SURNAME:

FORENAMES IN FULL:

DATE OF BIRTH:

IDENTITY NUMBER:

COUNTRY OF BIRTH:

MARITAL STATUS BEFORE MARRIAGE:

PARTICULARS OF WIFE:

MAIDEN NAME:

PRESENT LEGITIMATE SURNAME:

FORENAMES IN FULL:

DATE OF BIRTH:

COUNTRY OF BIRTH:

MARITAL STATUS:
PARTICULARS OF MARRIAGE

SURNAME:

PLACE OF MARRIAGE:

BY/WITHOUT ANTENUPTIAL CONTRACT:

DENOMINATION/MARRIAGE:

NAME OF APPLICANT:

POSTAL ADDRESS:

TEL. NO:

SIGNATURE:

REGISTRAR OF MARRIAGE

DATE

FULL NAMES AND SURNAME

BUSINESS ADDRESS

DESIGNATION (RANK)
# ANNEXURE Dd

## REPUBLIC OF NAMIBIA
Ministry of Home Affairs and Immigration
Marriage Register

### A. PARTICULARS OF HUSBAND
1. Surname: ...........................................
2. Identity no: ...........................................
3. First names in full: ...........................................
4. Date of birth: Day __ Month __ Year ___
5. Country of birth: ...........................................
6. Marital Status: ...........................................
7. Residential Address: ...........................................
   Postal Address: ...........................................
   Tel./Cell: ...........................................

### B. PARTICULARS OF WIFE
8. Maiden name: ...........................................
9. Identity no: ...........................................
10. Present legitimate surname: ...........................................
11. First names in full: ...........................................
12. Date of birth: Day __ Month __ Year ___
13. Country of birth: ...........................................
14. Marital Status: ...........................................
15. Residential Address: ...........................................
   Postal Address: ...........................................
   Tel./Cell: ...........................................

### C. PARTICULARS OF MARRIAGE
16. Date of marriage: Day __ Month __ Year ___
17. Consent to the marriage given by (to be completed in the case of minors only):
   (a) Father: ...........................................
   (b) Mother: ...........................................
18. Marriage solemnized at
   (a) City / Town / Farm: ...........................................
   (b) District: ...........................................
20. Remarks: ...........................................

### D. (i) DECLARATION BY MARRIED COUPLE
21. This marriage between us was contracted in the presence of the undersigned witnesses:
   Signature (Husband): ...........................................
   Signature (Wife): ...........................................
22. Witnesses:
   Name and Surname: ...........................................
   Identity No.: ...........................................
23. Name and Surname: ...........................................
   Identity No.: ...........................................
   Signature: ...........................................

### D. (ii) DECLARATION BY MARRIAGE OFFICER
23. This marriage was solemnized by me on this day of ...........................................
24. ...........................................
25. ...........................................
   Designation Number (Church marriage officer): ...........................................
26. Name in Full: ...........................................
27. Denomination/Office stamp (ex officio marriage officer): ...........................................
28. Address of church marriage officer: ...........................................
   Tel. No: ...........................................

### E. CERTIFICATE BY MARRIAGE OFFICER
(Section 6 of Act 25 of 1961)
I hereby declare that at the time of the solemnization of this marriage, I was empowered in terms of the Marriage Act, 1961 or prior law, to solemnize this marriage.

Signature
### ANNEXURE Ee

**REPUBLIC OF NAMIBIA**

**MINISTRY OF HOME AFFAIRS AND IMMIGRATION**

**MARRIAGE CERTIFICATE**

<table>
<thead>
<tr>
<th>HUSBAND</th>
<th>WIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Surname:</td>
</tr>
<tr>
<td>First name(s):</td>
<td>First name(s):</td>
</tr>
<tr>
<td>Identity No.</td>
<td>Identity No.</td>
</tr>
<tr>
<td>Date of Birth: Year</td>
<td>Date of Birth: Year</td>
</tr>
<tr>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Day</td>
<td>Day</td>
</tr>
</tbody>
</table>

**Married by / without antenuptial contract:**

**Marriage solemnized at:**

**Place:**

**Region:**

Certified a true extract from the marriage register.

**Marriage Officer /**

**Date**

**Place**

**Marriage Officer /**

**Designation number of marriage officer:**

---

*Prime Press 11/2012*
ANNEXURE Ff

![Image of Marriage Certificate]

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>First name(s)</td>
<td></td>
</tr>
<tr>
<td>Identity/passport number</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Place of birth</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
</tr>
<tr>
<td>Date of Marriage</td>
<td></td>
</tr>
<tr>
<td>Marriage solemnized at</td>
<td></td>
</tr>
<tr>
<td>Married with/without nuptial contract</td>
<td></td>
</tr>
<tr>
<td>Full name of Marriage Officer</td>
<td></td>
</tr>
<tr>
<td>Marriage Officer number</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

**Republic of Namibia**

**Ministry of Home Affairs and Immigration**

**Marriage Certificate**

AA 0000000

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Office 2011
ANNEXURE Gg

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

MARRIAGE OFFICER CERTIFICATE

DESIGNATION AS MARRIAGE OFFICER

The Minister of Home Affairs has in terms of Section 9 of the Marriage Act, 1961 (Act No. 25 of 1961) designated

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of the

to be a Marriage Officer for the purpose of Solemnizing Marriages according to Christian rites within the Republic of Namibia so long as he is a Minister of Religion of the above-mentioned Religious denomination or organization.

The designation became effective as from

and is subjected to provision of Section 9 of the above-mentioned Act.

PERMANENT SECRETARY

WINDBOEK

Date: __________________

Republic of Namibia
Government Gazette 11 April 2014