REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS

DHA-132

APPLICATION FOR DEATH CERTIFICATE

[Births and Deaths Registration Act 51 of 1992]

DC001129348

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 Y Y Y Y M M M M M M M M M D D *(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: Y Y Y Y M M D D

C. APPLICATION RECEIVED BY:

Surname

Forenames in full

Persal No. ☐☐☐☐☐☐☐☐

Date Y Y Y Y M M D D

Signature _____

DOCUMENT SUBMITTED: PLEASE TICK ☑

☐ Original ID document of applicant was presented

☐ Power of Attorney

☐ Payment received, if applicable

Office stamp - OFFICE OF ORIGIN