



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS
Department of Civic Affairs

NOTIFICATION OF BIRTH

WARNING - The penalties for false statements wilfully made are the same as those for perjury.

N.B. - This form must be filled 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: (in full)
3. PLACE OF BIRTH: (a) City / town / farm
- District
- Country
- (b) Was the child born in a maternity home or hospital? (Yes or No)
4. SEX:

FATHER OF CHILD

5. IDENTITY NUMBER

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6. NAME: Surname
- First full names in full
7. DATE OF BIRTH: Year

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 Month

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 Day

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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

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12. NAME: Present legitimate surname
- First names in full
- Maiden name
13. DATE OF BIRTH: Year

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 Month

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 Day

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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 SOLEMNIZED
- 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 of and number in street/avenue/etc.....
- (c) Name of suburb
- (d) name of city/town/place
- (e) Magisterial district
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
- DATE SIGNATURE (OR MARK)

FOR OFFICIAL USE ONLY

ENTRY NUMBER

REGISTRAR

CHECKED

DATE

<p>INPUT VOUCHER</p>
