



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR DEATH CERTIFICATE

This form must be handed in at a Regional or District office of the Department of Home Affairs together with the prescribed fee.

THE REASON WHY THE CERTIFICATE IS REQUIRED MUST BE SUBMITTED [In terms of section 29 of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)]

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For use in the Republic of South Africa a computer printed certificate of death particulars is normally issued. Such a certificate complies with the requirements for which a death certificate is required. An unabridged certificate is available and is issued mainly for overseas use. Indicate with an X which document is required.

Unabridged certificate Computer printed certificate Certified copy of register

A. PARTICULARS OF DECEASED

| | | | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---|---|---|
| 1. Identity Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2. Date of birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Y | M | D | |
| 3. Surname | <input type="text"/> | | | | | | | | | | | | |
| 4. Maiden name if married woman | <input type="text"/> | 5. Place of birth | <input type="text"/> | | | | | | | | | | |
| 6. Forenames in full | <input type="text"/> | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | |
| 7. Date of death | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Y | M | D |
| | | | | | | | | | | | | | |
| 8. Death entry number <small>(Must be completed by regional or district office)</small> | <input type="text"/> | | | | | | | | | | | | |
| 9. Town/City of death | <input type="text"/> | | | | | | | | | | | | |
| 10. Province | <input type="text"/> | | | | | | | | | | | | |
| 11. Name of undertaker | <input type="text"/> | | | | | | | | | | | | |

B. PARTICULARS OF APPLICANT

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|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|----------------------|
| 1. Surname | <input type="text"/> | | | | | | | | | | | | |
| 2. Initials | <input type="text"/> | 3. Identity number | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | |
| 4. Residential address | <input type="text"/> | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | |
| 5. Postal address | <input type="text"/> | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | |
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| Telephone number (Work) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 6. Postal address code | <input type="text"/> |
| Telephone number (Home) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Telephone code | <input type="text"/> |
| | | | | | | | | | | | | | |
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Signature

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Date