



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

N\$17.20

WINDHOEK - 11 April 2014

No. 5444

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Government Notice

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

No. 52 2014

NOTIFICATION FORMS AND CERTIFICATES: BIRTHS, MARRIAGES AND DEATHS REGISTRATION ACT, 1963

In terms of subregulation (iii) of regulation 2 of the Regulations under the Births, Marriages and Deaths Registration Act, 1963 (Act No. 81 of 1963) I prescribe the forms and certificates as set out in the Schedule.

L. KANDETU
REGISTRAR OF CIVIL REGISTRATION

Windhoek, 25 February 2014

SCHEDULE ARRANGEMENT OF ANNEXURES

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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 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.....

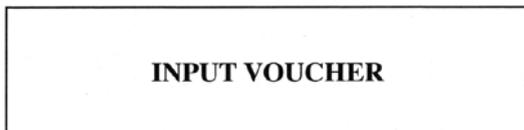
FOR OFFICIAL USE ONLY

ENTRY NUMBER:

REGISTRAR:

CHECKED:.....

DATE:



ANNEXURE B

3-1/0032



ENTRY NUMBER

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

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 and 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 where 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: _____



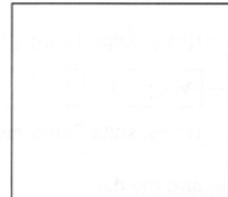
MOTHER

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 _____ Designation (Rank) _____

Surname: _____

Full names: _____

Business Address: _____

Date: _____

Official date stamp

ANNEXURE C



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR DUPLICATE ABRIDGED/FULL BIRTH CERTIFICATE

ID NO

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

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:.....Maiden Name.....

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

3-1/0047



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

0/2742 (2)



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.

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"

ANNEXURE G

3-1/0049

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

I, (1)

residing at

and carrying on business/employed as (2)

I 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)

to

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

Printed by Namprint 2033455

- (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



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquiries:

Private Bag 13200
WINDHOEKTel: (061) 2992211
Fax: (061) 2922185**A F F I D A V I T**

Your Ref:

Our Ref:

I, the undersigned.....

The.....

Are.....

Hereby declare that:

1. My address.....

2. I/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..... Area.....

Designation (rank)..... Date.....

ANNEXURE I**REPUBLIC OF NAMIBIA**

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Tel: (09 264 61) 292211

Private Bag 13200

Fax: (09 264 61) 26422185

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

DATE STAMP

PERMANENT SECRETARY

ANNEXURE J



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquiries:

Private Bag 13200
WINDHOEK

Tel.: (061) 2922111

Fax: (061) 2922185

Our Ref.:

Your 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:.....

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

Our Ref:

Your Ref:

I, the undersigned

The

of

Hereby declare that:

My address

.....

I/he/she was born at (place) on

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

..... to

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.

.....
COMMISSIONER OF OATHS

BLOCK LETTERS:

Full names and surname

Business address Region

Designation (rank) Date

ANNEXURE L



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION

Enquires:

Tel: (061) 2922111
 Fax: (061) 2922185

Head Office
 Private Bag 13200
 Windhoek

Our Ref:.....

Your Ref:.....

ACKNOWLEDGEMENT OF RECEIPT
(Complete in duplicate)

TASK: CHANGE OF PERSONAL PARTICULARS

Surname: Initials:.....
 Date of Birth:..... Date of marriage:.....

- | | |
|--|--|
| <input type="checkbox"/> Alternation of date of death | <input type="checkbox"/> Entry no:..... |
| <input type="checkbox"/> Alternation of date of birth | <input type="checkbox"/> Correction of date of marriage |
| <input type="checkbox"/> Alternation of first/second names | <input type="checkbox"/> Correction of first/second names |
| <input type="checkbox"/> Omission of first/second names | <input type="checkbox"/> Duplicate of marriage certificate |
| <input type="checkbox"/> Insertion/spelling of first/second name | <input type="checkbox"/> Duplicate of marriage with/without ANC |
| <input type="checkbox"/> Alteration correction of gender description | <input type="checkbox"/> Correction of marriage certificate |
| <input type="checkbox"/> Re- registration | <input type="checkbox"/> Original marriage certificate submitted |
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Correction of full birth certificate |

OFFICER'S SIGNATURE

APPLICANTS SIGNATURE

Warning period:

ANNEXURE M

B1-196

**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:-

Present Surname.....

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:-

NAME	DATE OF BIRTH	PLACE OF BIRTH

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).....

f I consent to the above application made on my behalf.

.....

(Wife of applicant)

* Delete whichever is not applicable.

f Delete if not applicable.

ANNEXURE N

3-1/0065



REPUBLIC OF NAMIBIA A 1076022

MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION

FULL BIRTH CERTIFICATE

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: _____ 13. Country: _____

C. Particulars of child's mother

14. Surname: _____ 15. First names: _____

16. Date of Birth

Day

Month

Year

17. Place of Birth: _____ 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

20. Capacity: _____ 21. Signed by: _____

OFFICE STAMP

FOR MINISTRY OF HOME AFFAIRS AND IMMIGRATION

ANNEXURE P



3-1/0043

REPUBLIC OF NAMIBIA 6558001
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:

Official date stamp

CERTIFIED TO BE A TRUE EXTRACT FROM
THE BIRTH REGISTER.....
for **MINISTRY OF HOME AFFAIRS**

ANNEXURE Q

AB 0000000



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

BIRTH CERTIFICATE

Application form number:

PARTICULARS OF CHILD

Surname: _____ First name(s): _____

Date of birth: _____ Identity number: _____ Gender: _____

Constituency of birth: _____ Region of birth: _____

Country of birth: _____ Entry number, if applicable: _____

PARTICULARS OF CHILD'S FATHER

Surname: _____ First name(s): _____

Place of birth: _____ Nationality: _____ Date of birth: _____

PARTICULARS OF CHILD'S MOTHER

Surname: _____ First name(s): _____

Place of birth: _____ Nationality: _____ Date of birth: _____

INFORMANT

Capacity of the informant: _____ Signed by: _____

Full name of registrar: _____ Registrar of Births: _____

Place: _____ Date: _____

Signature
© Republic of Namibia
Opcion 2011

ANNEXURE R

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION



AC 0000000
Application form number:

BIRTH CERTIFICATE FOR NON-NAMIBIANS

PARTICULARS OF CHILD

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

PARTICULARS OF CHILD'S FATHER

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

PARTICULARS OF CHILD'S MOTHER

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

INFORMANT

Capacity of the informant: _____ Signed by: _____
Full name of registrar: _____ Registrar of Births: _____
Place: _____ Date: _____ Signature _____

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Opclon 2011

ANNEXURE S



3-1/0044

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.

OFFICIAL USE

Entry Number: _____

Registrar

Date: _____

Checked: _____

PARTICULARS OF *DECEASED / STILLBORN CHILD

1. **Identity number
2. Surname: _____
3. Firstnames in full: _____
4. Date of birth: _____ 5. Sex: _____
6. Marital status: _____ 7. Occupation: _____
8. Place of birth: _____
9. Residential address: _____
10. Pension (if any) _____ No. _____
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

12. Date of *death / stillborn: _____
13. (a) Place of *Death / Stillborn _____ (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

18. Firstnames and surname of father: _____
19. Firstnames and surname of mother: _____

PARTICULARS OF INFORMANT

20. Name of Informant _____ ID:
21. Residential address: _____ Tel No: _____
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



0/2742 (2)

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR THE LATE REGISTRATION OF DEATH

(In terms of section 7 of Act or 1963)

I Identity number: [grid]

Residential address:Tel:

Postal address: Residential address:.....

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

Date of birth:..... Identity Number

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

on20 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 DATE STAMP
Decision taken
Signature Date.....

ANNEXURE U

3-1/0046



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION

370602

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 _____

Official Date Stamp

*NOT APPLICABLE FOR STILL-BIRTHS

ANNEXURE V



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquiries:

Tel: (061) 2922111
Fax: (061) 2922185

Private Bag 13200
WINDHOEK

Our Ref: _____

Your Ref: _____

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: _____
- _____

6. Relationship to the deceased _____

7. Signature of Applicant _____ Date _____

C OFFICE USE ONLY

1. Entry Number of Death Record _____

2. Causes of Death _____

3. Payment Receipt Number _____

4. Remarks _____

ANNEXURE W



3-1/0045

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

DEATH CERTIFICATE

A 520478

Identity Number

<input type="text"/>											
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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. JMP: 3422/2011

ANNEXURE Y

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

DEATH CERTIFICATE

AD 000000

Application form number:

PARTICULARS OF DECEASED:

Identity/Passport number: _____ Birth registration entry number: _____
Surname: _____ First name(s): _____
Gender: _____ Date of death: _____
Constituency of death: _____ Region of death: _____
Date of birth: _____ Marital status: _____
Cause of death: _____

INFORMANT

Relationship to deceased: _____ Full name: _____
Identity/Passport number: _____ Full name of registrar: _____
Place: _____ Date: _____

Registrar of Deaths: _____
Signature

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ANNEXURE Z

3-1/0021



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
CIVIL REGISTRATION
DECLARATION FOR THE PURPOSE OF A MARRIAGE

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, spintser, widower, widow or divorcee: _____
 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/ 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?
- 2) Do you have any objection to taking the prescribed oath?
- 3) Do you consider the prescribed oath to be binding on your conscience?

YES	NO

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 Bb

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

I,, the undersigned, hereby declare as follows:

1. That on the atI, 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
(delete 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

I,
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.

BLOCKLETTERS COMMISSIONER OATHS

Full names and surnames:

Business address:

Designation (Rank):

ANNEXURE Cc



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquirer:

Tel: (061) 2922111
Fax: (061) 2922183

Private Bag 13200
WINDHOEK

Our Ref:

Your Ref:

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 LEGIMATE SURNAME:

FORENAMES IN FULL:

DATE OF BIRTH:

COUNTRY OF BIRTH:

MARITAL STATUS:

PARTICULARS OF MARRIAGE

SURNAME:

PLACE OF MARRIAGE:

BY/WITHOUT ANTENUPTIAL CONTRACT:

DEMOMINATION / 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 1042201
MARRIAGE REGISTER

A. PARTICULARS OF HUSBAND	
1. Surname:	2. Identity no: <input style="width: 100px; height: 15px;" type="text"/>
3. First names in full:	
4. Date of birth: Day <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Month <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Year <input style="width: 20px; height: 15px;" type="text"/>	5. Country of birth:.....
6. Marital Status:	
7. Residential Address: Postal Address:	
Tel./Cell:.....	
B. PARTICULARS OF WIFE	
8. Maiden name:	9. Identity no: <input style="width: 100px; height: 15px;" type="text"/>
10. Present legitimate surname:	
11. First names in full:	
12. Date of birth: Day <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Month <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Year <input style="width: 20px; height: 15px;" type="text"/>	13. Country of birth:.....
14. Marital Status:	
15. Residential Address: Postal Address:	
Tel./Cell:.....	
C. PARTICULARS OF MARRIAGE	
16. Date of marriage: Day <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Month <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Year <input style="width: 20px; height: 15px;" type="text"/>	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:	
19. By / without antenuptial contract:	
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: Name and Surname:	
Identity No.: Identity No.:	
Signature: Signature:	
D. (ii) DECLARATION BY MARRIAGE OFFICER	
23. This marriage was solemnized by me on this day of 20	
24. Signature	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**B 238136**

HUSBAND				WIFE			
Surname:.....				Surname:.....			
First name(s):.....				First name(s):.....			
Identity No. <input type="text"/>				Identity No. <input type="text"/>			
Date of Birth: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>				Date of Birth: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>			
Date of marriage: Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>							
Married by / without antenuptial contract:							
Marriage solemnized at:							
Place:.....				Region:.....			
Certified a true extract from the marriage register.							
..... Marriage Officer / for Ministry of Home Affairs and Immigration			 Date	 Place	
Designation number of marriage officer:.....							

ANNEXURE Ff

AA 0000000

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
MARRIAGE CERTIFICATE

HUSBAND Application form number: **WIFE**

Surname: _____	Surname: _____
First name(s): _____	First name(s): _____
Identity/passport number: _____	Identity/passport number: _____
Date of birth: _____	Date of birth: _____
Place of birth: _____	Place of birth: _____
Nationality: _____	Nationality: _____
Date of Marriage: _____	
Marriage solemnized at: _____	Place of Marriage: _____
Married with/without ante nuptial contract: _____	
Full name of Marriage Officer: _____	
Marriage Officer number: _____	Place: _____
Date: _____	Marriage Officer/Issuing Officer: _____

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Signature

ANNEXURE Gg

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION



MARRIAGE OFFICER CERTIFICATE AO 000000

DESIGNATION AS MARRIAGE OFFICER

*The Minister of Home Affairs has in terms of
 Section 3 of the Marriage Act, 1961 (Act No 25 of 1961) designated*

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 _____
 WINDHOEK
 Date _____

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