

# **GOVERNMENT GAZETTE**

# OF THE

# REPUBLIC OF NAMIBIA

N\$17.2	0 WINDHOEK - 11 April 2014	No. 5444
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No. 52

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

# 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

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

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Annexure I: Acknowledgement of Receipt

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Annexure N: Full birth certificate

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Annexure P: Abridged certificate of registration of birth

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Annexure Cc: Application for duplicate marriage certificate

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Annexure Ff: Marriage certificate

Annexure Gg: Marriage officer certificate

## 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:	
4.	(b) Was the child born in a Maternity Home or Hospital? (Yes or No)  SEX: Male Female	
	FATHER OF CHILD	
5.	IDENTITY NUMBER	
6.	NAME: Surname:	
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 RESID OF THE REPUBLIC OF NAMIBIA.	ENT
	Yes or No If Yes, state -	
	Immigration Permit Number (not form number)	
	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.	IZENSHIP AT THE TIME OF CHILD'S BIRTH:
	THE MOTHER IS NOT A NAMIBIAN CITIZEN, STATE WHETHER SHE IS A PERMANENT RESIDENT THE REPUBLIC OF NAMIBIA.
,	or No If Yes, state -
- ]	nigration Permit Number (not form number)
17.	E PARENTS INDICATED UNDER ITEM 6 AND 12 LEGALLY MARRIED TO EACH OTHER?
,	or No If yes, state -
]	ee where marriage was solemnised
	GENERAL INFORMATION
	SIDENTIAL ADDRESS WHERE CHILD WILL BE CARED FOR - USUALLY THAT OF THE PARENTS IMPLETE THE APPLICABLE ITEMS ONLY):
(	Name and number of plot/farm:
(	Name and number in street/avenue/etc.:
(	Name of suburb:
(	Name of city/town/place:
	Magisterial region:
19. (	NAME OF PERSON OR INSTITUTION IN WHOSE CARE THE CHILD IS - USUALLY THAT OF THE PARENTS.
(	POSTAL ADDRESS OF SUCH PERSON OR INSTITUTION, IF NOT THE SAME AS THE ADDRESS INDICATED AT ITEM 21:
I SO	IMPORTANT  MNLY DECLARE THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT.
20. ]	ATIONSHIP TO CHILD:
21. 1	SIDENTIAL ADDRESS:
SIGN	URE (OR MARK)
	FOR OFFICIAL USE ONLY
ENT	NUMBER:
REG	RAR:
СНЕ	ED:INPUT VOUCHER
DAT	JMP-2011-3965

## ANNEXURE B



3-	1	1	'n	n	12
3-	4	,	v	v	-

# 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.

. CHILD / APPLICANT		
Surname:	atograp, ali es lester quile mentre capacidé la	4 2800 4 20 11
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 Hosp	ital? Yes No	
FATHER OF CHILD / APPLICANT		
State whether father is: Alive De	ad	
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 bir	th:	
	her he is a permanent resident of the Republic of N	amibia:
Yes No		
If yes, state Permanent Residence Permit Number	r (not number of form)	1 ( ) 210 ( ) 13 ( ) .
and the date:		

State whether mother is: Alive		
	Dead	
Her present residential address (if alive):		
- Control of the Cont	Tel/Cell No:	
If deceased, state date:	Place and Region of death:	
Surname:	Maiden name:	
First names in full:	The state of the s	
	Place of Birth:	
Country of Birth:  Identity number:		
If the Mother is not a Namibian citizen, stat	's birth:e whether she is a permanent resident of the Republic of umber (not number of form)	
and the date:		
Date:ACKNOWLEDGEMENT OF PARENTA	AGE OF A CHILD BORN OUT OF WEDLOCK	
	presence of a Registrar of Rivths)	
(This part must be completed and signed in the FATHER	presence of a Registrar of Births)	
FATHER	presence of a Registrar of Births)	
FATHER  I,  Identity number	i lacousea caes	ical father of th
FATHER  I,  Identity number	declare that I am the biolog	ical father of th
FATHER  I,  Identity number	declare that I am the biolog	ical father of th
FATHER  I,  Identity number	declare that I am the biolog for the registration of his/her birth in my surname.	ical father of th
FATHER  I,  Identity number abovementioned child and give permission	declare that I am the biolog for the registration of his/her birth in my surname.  Left thumb print	rical father of th
FATHER  I,  Identity numberabovementioned child and give permission  Signature (Father):  Date:	declare that I am the biolog for the registration of his/her birth in my surname.  Left thumb print	cical father of the
FATHER  I,  Identity number abovementioned child and give permission  Signature (Father):	declare that I am the biolog for the registration of his/her birth in my surname.  Left thumb print	ical father of th
FATHER  I,	declare that I am the biolog for the registration of his/her birth in my surname.  Left thumb print	cal mother of th
FATHER  I,	declare that I am the biolog for the registration of his/her birth in my surname.  Left thumb print  declare that I am the biologic	cal mother of th
FATHER  I,	declare that I am the biolog for the registration of his/her birth in my surname.  Left thumb print  declare that I am the biologic registration of his/her birth in the surname of the biologic	cal mother of th

. 3	MOTHER / GUARDIAN OF THE CHILD	I IIIMSELF/HERSELF OR THE FATHER
	Name of person or institution in whose care the child / applicant is (us	sually that of the parents);
	Name:	
	Postal Address:	electrical planta en l'on de la company de l
	Residential Address:	
	Relationship to child: Tel/Cell No:	
G.	State whether you have previously applied for a Namibian Birth C	ertificate: 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	of my knowledge true and correct.
	Signature of Deponent:	Date:
н.	FOR OFFICE USE ONLY	
	I certify that before administering the oath/affirmation, I asked the down his/her answer in his/her presence:	e deponent(s) the following questions and wrote
	(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? (Ye	es or No)
	Answer:	
	(c) Do you consider the prescribed oath to be binding on your con	science? (Yes or No)
	Answer:	- de la companya de l
	2. I certify that the deponent has acknowledged that he/she knows a which was sworn/affirmed before me and that the deponent's Sign in my presence.	
	Signature:	
	Registrar of Births	Designation (Rank)
	Surname:	Official date stamp
	Full names:	
	Business Address:	
	Date:	

### I. GENERAL INFORMATION

- 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	
	1886

- 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. NA	MES OF RELA	TIVES OR ACC	DUAINTANCES WHO	CAN BE CONTACTED	FOR FURTHER	INFORMATION
-------	-------------	--------------	-----------------	------------------	-------------	-------------

1. Name	Tel/Cell No:	and the second
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					
ID NO					
Surname	:				
Maiden Name	:(if applical	ble)	•••••		
First Name(s) in	Full:	•••••			
Date of Birth	: Day	Month	Year	Se	x:
Place of Birth			Country.		
Surname of Fath	ner:				•
First Name(s)	•	•••••			
Date of Birth	: Day	Month	Year		
Place of Birth	:City	•••••	Country.		
Surname of Mot	her:	•••••	Maiden Nan	ne	
First Name(s)	:				
Date of Birth	: Day	Month	Year		
Place of Birth :City					
Are parents legally married?					
If yes, Place of M	farriage:		Date of l	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

CHILD

#### 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.

# First name(s) in full: Date of birth: Day \_\_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Country of birth: Sex: FATHER OF CHILD First name(s) in full: \_\_\_\_\_\_ Month \_\_\_\_\_\_ Year \_\_\_\_\_ Date of birth: Day \_\_\_\_ Country of birth: Identity Number: \_\_\_ Date of marriage: \_\_\_\_\_\_ Place of marriage: \_\_\_\_\_ CITIZENSHIP OR NATIONALITY OF FATHER at the time of my child I was a citizen of (state country) \_\_\_ birth. I acquired the citizenship of the said country by virtue of \_\_\_\_\_ 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
dentity Number:		
Citizenship or Nationality:		
and are small at the control of the		
	HIP OR NATIONALITY OF MOT	
I was a citizen of (state country)		at the time of my child's
birth. I acquired the citizenship of the s	aid country by virtue of	or
(date)	while resident in (country)	l 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:		
	ve-mentioned child and that I have not acquir ary act while absent from Namibia and that th correct; or	
citizenship or nationality of any other	e-mentioned child and that the father / mother country by a formal and voluntary act while best of my knowledge and belief correct.	
Signature:	Capacity:	
	(Father / mother / legal guardian)	
Date:		
Place:		
Flace.		
	FOR OFFICIAL USE	
	TON OF HOME OSE	
Date of registration:	District:	
	REGISTRAR	capital press 93-

### 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)	
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 and correct.	f true
* 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 evice of which a marriage certificate is enclosed.	lence
* 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	
<ol> <li>I certify that before administering the oath/affirmation I asked the deponent(s) the following questions and wrote a his/her/their answer in * his/her/their presence:</li> </ol>	lown
(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: Eather Mother Applicant	
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 v	
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 was sworn to/affirmed before me and that the deponent's * signatures/thumb prints/marks were placed thereon in my pres	vhich
2. I certify that the deponent(s) have acknowledged that * he/she/they * knows/know and understand the contents of this declaration was sworn to/affirmed before me and that the deponent's * signatures/thumb prints/marks were placed thereon in my pres	vhich
2. I certify that the deponent(s) have acknowledged that * he/she/they * knows/know and understand the contents of this declaration v	vhich
2. I certify that the deponent(s) have acknowledged that * he/she/they * knows/know and understand the contents of this declaration was sworn to/affirmed before me and that the deponent's * signatures/thumb prints/marks were placed thereon in my pressignature: Signature:	vhich
I certify that the deponent(s) have acknowledged that * he/she/they * knows/know and understand the contents of this declaration was sworn to/affirmed before me and that the deponent's * signatures/thumb prints/marks were placed thereon in my pressignature:	vhich

- $*Delete\ which ever\ is\ not\ applicable$
- If the person whose surname must be altered is over 21 years of age, the application may be signed by himselftherself.
   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*	
bom at	· · · · · · · · · · · · · · · · · · ·
on Entry No	
request that the first names as stated above be altered in the birth register a	s follows:
(a) The first name(s)	must be altered
to	
(b) The first name(s)	
The full first names as they should appear in the birth register mu	
	st be as follows:
Reasons for alteration:	
Reasons for after attori.	
Date: Signature	
	Address of applicant
and the	
Note – (1) If the person whose first name must be altered is over 18 years signed by him/herself	s of age, the application must be
(2) If the person whose names must be altered is under 18 years of	
his/her father. If the father is deceased, the form must be signe father's death certificate must accompany the form.	d by the mother or legal guardian and the

<sup>\*</sup> 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

Printed by Namprint 2033455

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

l, (1)			
residing at			
and carrying on business/employed as (2)			
intend applying to the Minister of Home Affairs and Immigration for author	ority under section 9 o	of the Aliens Act, 1937, to assume the s	urname
	,		
for the reasons that (3)			
<u>4</u>			
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 Mag	istrate of
	(Signed)		
	(Signea)	, , , , , , , , , , , , , , , , , , ,	
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

		Privat WINE
992211 2922185	A F F I D A V I T  Your 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 certificat	e
	as	
	4. I/he/she hereby applying for the alteration of my/his/her surname/sex description in the b	
	register from toto	
	DATE DEPONENT	
	I certify that before administering the oath/affirmation I asked the deponent the following quest wrote down his/her answers in his/her presence.	ion and
	[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 t declaration which was sworn to/affirmed before me and the deponent's signature/thumb - print/	his marks was
	placed thereon in my presence.	
	placed thereon in my presence.  COMMISSIONER OF OATHS	
	COMMISSIONER OF OATHS	

## ANNEXURE I



## REPUBLIC OF NAMIBIA

# MINISTRY OF HOME AFFAIRS AND IMMIGRATION

el: (09 264 61) 292211			Private Bag 13200
ax: (09 264 61) 26422185			WINDHOEK
nquiries:	<del></del>		
ur Ref:	Your Ref:		
ACKNOWLEDGEMENT OF	DECEIDT		
ACKNOWLEDGEMENT OF	RECEIPT		
Receipt of the appli	cation for the chang	e of surname v	vith the
following details ac	knowledges:		
Surname:	То		
Full Names:			
Date of Birth:	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Place of Birth:			
Entry of Number:			
Date of Application:			
	<del></del>		
Amb. P . NANDAGO			DATE STAMP

All official correspondence must be addressed to the Permanent Secretary

PERMANENT SECRETARY

## ANNEXURE J



# MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquiries:			Private Bag WINDHOE
Tel.: (061) Fax: (061)			
			Your Ref.:
	Birth,	egister Marriages and Death: e Bag:	
	Dear S	ir/Madam	
		ICATION FOR CORRECTION OF FULL BIRTH CERT	IFICATE: NOTICE
	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:	<u></u>

All official correspondence must be addressed to the Permanent Secretary

-2-

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:	
	oplication to alter the parents: particulars of the above-mentioned adjusted Birth Certificate has been issued.	have been approved
Please	alter your Birth Register accordingly.	
CONT	ROL OFFICER	
CHIE	F CONTROL OFFICE	
	R SECRETARY	

# ANNEXURE K



# REPUBLIC OF NAMIBIA

# MINISTRY OF HOME AFFAIRS AND IMMIGRATION

Enquires	Private Bag 15200 WINDHOEK
SUBMISSION	
Tel: (061) 292211	
Fax: (061) 2922185	
141. (001) 2522205	
Our Ref:	Your Ref:
I, the undersigned	
The	
of	
Hereby declare that:	
My address	
•	
l/he/she was born at (place)onon	
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	ne birth register from
to	
My identity No. is	
DATE	SIGNATURE
DATE	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de	SIGNATURE
DATE	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE ponent the following question and wrote
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE  ponent the following question and wrote  derstands the content of this declaration
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE  ponent the following question and wrote  derstands the content of this declaration
DATE  I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE  ponent the following question and wrote  derstands the content of this declaration
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE  ponent the following question and wrote  derstands the content of this declaration
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE  ponent the following question and wrote  derstands the content of this declaration
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE ponent the following question and wrote  derstands the content of this declaration nb print/marks was placed thereon in my
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE  ponent the following question and wrote  derstands the content of this declaration  nb print/marks was placed thereon in my
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	SIGNATURE ponent the following question and wrote  derstands the content of this declaration nb print/marks was placed thereon in my  COMMISSIONER OF OATHS
I certify that before administering the oath/affirmation I asked the de down his/her answers in his/her presence.  Do you know and understand the contents of this declaration?  Answer	ponent the following question and wrote  derstands the content of this declaration nb print/marks was placed thereon in my  COMMISSIONER OF OATHS

# 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:
	EMENT OF RECEIPT te in duplicate)
TASK: CHANGE OF F	PERSONAL PARTICULARS
Surname: Date of Birth:	Initials: Date of marriage:
( ) Alternation of date of death ( ) Alternation of date of birth ( ) Alternation of first/second names ( ) Omission of first/second names ( ) Insertion/spelling of first/second name ( ) Alteration correction of gender description ( ) Re- registration ( ) Adoption	() Entry no:
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 <u>ANOTHER SURNAME</u>

I hereby apply for the authority of the Minister of Home Affai	rs under section 9 of the A	liens 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		
Wife's first names(x)		
Wife's maiden name(x)		
Children:-		•••••
NAME	DATE OF BIRTH	PLACE OF BIRTH
	T	
I declare under oath /solemnly declare that the particulars give	ven above are to the best o	of my knowledge and belief true and
correct. (Signed)DateDate		
(Signed) *Delete whichever is not applicable.	••••••	
I certify that before administering the oath*/affirmation I ask	ed the deponent the follow	wing questions and wrote down
his/her answers in his/her presence:	ed the deponent the follow	wing questions and wrote down
[a]Do you know and understand the contents of this declarati	on?	
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 Answer	conscience?	
I certify that the deponent has acknowledged that he/she knowns *sworn to/affirmed before me and the deponent's signat		
(Signed)DateDate		
JUSTICE OF THE PEACE /COMMISSIONER OF OATHS FIRST NAMES AND SURNAME		
ADDRESS		
DESIGNATION		
(RANK)		<u></u>
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

A1076022

# 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	<u> </u>	
,		
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		

### **ANNEXURE O**



REPUBLIC OF NAMIBIA

A 007513

3-1/0065

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:		
В. Г	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 Nar	13. Country		
C. F	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 Na	mibia 18. Country		
40 4 1 1 1 1 1 1 1 1 1 1 1	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:			
OFFICE STAMP			

## ANNEXURE P



3-1/0043

# REPUBLIC OF NAMIBIA

6558001

Ministry of Home Affairs and Immigration

# ABRIDGED CERTIFICATE OF REGISTRATION OF BIRTH

Surname:		
First names:	4	
Date of Birth: Year	Month	Day
Place of Birth:		Country:
Sex:		
Entry number:		
Official date stamp		ERTIFIED TO BE A TRUE EXTRACT FROM HE BIRTH REGISTER
	for	MINISTRY OF HOME AFFAIRS

# ANNEXURE Q

			AB 0000000
	MINISTRY	JBLIC OF NAMIBIA OF HOME AFFAIRS AND IMMIGRATION I CERTIFICATE	
	Surname;	PARTICULARS OF CHILD First name(s):	Application form number:
	Date of birth:	Identity number:	Gender:
38.8	Constituency of birth:	Region of birth:	
	Country of birth:	Entry number, if	applicable:
	Surname:	First name(s):	Fall ( 100)
	Place of birth:	Nationality: PARTICULARS OF CHILD'S MOTHER	Date of birth:
	Surname:	First name(s):	
	Place of birth:	Nationality:	Date of birth:
		INFORMANT	
	Capacity of the informant:	Signed by:	
	Full name of registrar:	Registrar of Birth	NS: Signature
	Place:	Date:	© Republic of Namibia Opcion 2011

# ANNEXURE R

REPUBLIC OF N				
		Total Transfer		AC 0000000
BIRTH CERTIFICATE FOR NO	N-NAMIBIANS	ILARS OF CHILD		Application orm number,
Surname:	First name(s):		Data	
Date of birth:	Identity number:	CONTRACTOR OF THE PARTY OF THE	Gender:	
Constituency of birth:	A Cont	Region of birth:		
Country of birth:	Company of the Compan	Entry number, if app	licable:	
01110		S OF CHILD'S FATHER	West Control	ATTINIS OF THE STATE OF THE STA
Surname:	First name(s):		_ID/Passport number:	
Place of birth:	Nationality:		Date of birth:	Young St.
	PARTICULARS	OF CHILD'S MOTHER		
Surname:	First name(s):		_ ID/Passport number:	
Place of birth:	Nationality:		Date of birth:	
Maiden name: (if applicable)			STATE OF	
	IN IN	FORMANT	HARE BUILDING	
Capacity of the informant:		Signed by:		
Full name of registrar:		Registrar of Births:		
Place:	Date:		Signatur	re
riace,	Jaid,			© Republic of Namibia Opcion 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	

<b>PARTICUL</b>	ARS OF	*DECE	SED / S	STILLE	RORN	CHILD
<b>FARTICUL</b>	AND OF	DECE	13EU / 1	SIILLE		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 InformantID:
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)

	Identify number		Т	$\top$		_	ТТ
Residential address:				 *al:			
Postal address:							
being (relationship to the deceased):	of (name of dec	,					
Date of birth:							
who died at (place):							
on20 hereby request that author	ority may be granted to th	e Registrar	of Deaths				
at (place)to register the de	eath of the aforesaid decea	sed.::					
The reason why this death was not registered within the contract of the reason why this death was not registered within the reason.							
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 mean	ns of a cross wherever is	applicable):					
(a) the medical certificate stating cause of death, issued last illness;	by the medical doctor who	attended the	e decease	d during	his/h	er	
(b) the police report (in case of the deceased did not oc	ccur in a hospital);						
(c) Affidavit (s) made by the person or persons presen	nt on at death						
I declare that the information furnished above is to the	best of my knowledge tru	e and corre	ct.				
Data							
Date:				nature o			
FOR OFFICE US	SE ONLY			]			
Full name of the officer in charge		OFF	ICIÁL				
			ATE AMP				
Decision taken		3.,					

## ANNEXURE U



3-1/0046

# REPUBLIC OF NAMIBIA

370602

# 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 Official Date Stamp	
9. Order Handed to:	
Address	

<sup>\*</sup>NOT APPLICABLE FOR STILL-BIRTHS

## ANNEXURE V



# MINISTRY OF HOME AFFAIRS AND IMMIGRATION

r Ref:		Your Ref:
	APPLICATIO	N FOR DUPLICATE DEATH CERTIFICATE
	PARTICULARS OF THE	DECEASED
	1. Identity number (if avail	able)
	2. Surname	
	3. Maiden Name	
	4. Forenames in full	
	5. Date of birth	
	6. Sex	7. Marital Status
	8. Date of death	
		10. Region of Death
	PARTICULARS OF THE	APPLICANT
	1. Identity No:	
, ,	2. Names:	
		4. Telephone
	5 Purpose for applying for	duplicate death certificate

o. Relationship to the deceased		1
7. Signature of Applicant	Date	
71		
C OFFICE HEE ONLY		
C OFFICE USE ONLY		
1. Entry Number of Death Record		 
2.6		
2. Causes of Death		
3. Payment Receipt Number		
4 Demode		
4. Remarks		

## ANNEXURE W



3-1/0045

# REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS AND IMMIGRATION

DEATH CERTIFICATE	A 520478
Identity Number	
Surname:	
Christian names:	
Date of death:	Region of death:
Gender:	*
Date of Birth:	Marital status:
Certified to be a true extract from the d	eath register.
	Place:
Register of Deaths	Date:
Entry number:	
*Delete whichever is not applicable.	JMP: 3422/2011

## ANNEXURE X



0/2860 (2) NO 02481

# REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS AND IMMIGRATION FULL DEATH CERTIFICATE

(Issued in terms of Act 81 of 1963)

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 adress:
PARTICULARS OF DEATH
11 Date of death: Year Month Day
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

# ANNEXURE Y

REPUBLIC OF NAMIB MINISTRY OF HOME AFFAIRS AND IMMIGRAT DEATH CERTIFICATE		AD 0000000
The state of the s	PARTICULARS OF DECEASED:	Application form number:
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:	5.000
Cause of death:		
	Court Court	
Relationship to deceased:	INFORMANT Full name:	
Identity/Passport number:	Full name of registrar:	
Place:	Date:	
Registrar of Deaths: Signature		© Republic of Namibla Opcion 2011

## ANNEXURE Z

3-1/0021

JMP-2012-9571



### MINISTRY OF HOME AFFAIRS AND IMMIGRATION CIVIL REGISTRATION

### DECLARATION FOR THE PURPOSE OF A MARRIAGE

					PA	RTICUI	LARS	OF APP	LICA	NT										
. Surnar	me (Present legiti	mate in the	case of a	a won	nan):															
. Maide	n name:																			
	Names:																			
				$\overline{}$			$\overline{}$	ъ Г	Т	$\neg$										
	of birth: Year	,			Month			Day												
	ıl status: State ba																			
. Countr	ry of Birth:																			
S. Postal	address:	-									_						-			
			PA	ARTIC	CULAR	RS OF P	ROSPI	ECTIVE	*HU	SBANI	D/W	IFE								
. Surnar	me (present ligiti	mate surnan	ne in the	e case	of a wo	oman):														
	en name:															-				
	vames:																			
(i) (ii)	that we are not that there is no	within the practice awful imped	rohibited	d degr to our	rees of	relations	ship;													
declare un	that we are not	within the practice awful imped	rohibited	d degr to our	rees of	relations	ship;												the o	ease m
(i) (ii)	that we are not that there is no that I have the	within the practice within the practice with the practice within t	rohibited	d degr to our	rees of	relations	ship;										ent co		the o	ease m
(i) (ii) *(iii) *(iii)	that we are not that there is no that I have the be:	within the property within the property with the constitution of t	rohibited diment to sent of m	d degr to our ny par najor.	rees of marria rents/gu	relations	ship;	ssioner o	of Chi	ld Welf	fare	/ the	Cabi	net/	a cor	Dat	ent co	urt, as		
(i) (ii) *(iii) *(iii)  Delete which the certify that	that we are not that there is no that I have the be:  Signature chever is not apple whole of the ite at before adminis	within the property within the property with the constitution of t	rohibited diment to sent of m	d degr to our ny par najor.	rees of marria rents/gu	relations	ship;	ssioner o	of Chi	ld Welf	fare win	/ the	Cabi	net/	a cor	Dat	ent co	urt, as		
(i) (ii) *(iii) *(iii) Delete which Delete the certify that her present	that we are not that there is no that I have the be:  Signature chever is not apple whole of the ite at before administrace:	within the product of	rohibited diment to sent of m	d degr to our ny par najor. d oath/	rees of marria rents/gu	relations age; and uardian/o	ship;	ssioner o	of Chi	ld Welf	fare win	/ the	Cabi	net/	a cor	Dat	ent co	urt, as		
(i) (ii) *(iii) *(iii)  Celete which Delete the certify that her presen	that we are not that there is no that I have the be:  Signature chever is not apple e whole of the ite at before administrace:	within the product of	orohibited diment to sent of munt is a munt is a munt rescribed contents o	d degr to our ny par najor.	rees of marria rents/gu	relations age; and uardian/o	ship;	ssioner o	of Chi	ld Welf	fare win	/ the	Cabi	net/	a cor	Dat	ent co	urt, as		
(i) (ii) *(iii) *(iii)  Pelete which Delete the certify that her presen  Do you Do you Do you	that we are not that there is no that I have the be:  Signature chever is not apple whole of the ite at before administrace:	within the product of	orohibited diment to sent of mut is a mut is a mut rescribed contents o g the pre-	d degree to our ny par najor.  I doubte this esseribe	rees of marria rents/gu	relations age; and uardian/o	ship; commi	ssioner o	of Chi	ld Welf	fare win	/ the	Cabi	net/	a cor	Dat	ent co	urt, as		
(i) (ii) *(iii) *(iii)  Delete which Delete the certify that her present Do you Do you Certify that	that we are not that there is no that I have the be:  Signature chever is not apple whole of the ite at before administrace:  u know and under u have any object	within the property of the pro	ant is a marescribed contents of general the best of t	d degree to our ny par najor.  Id oath/ of this escribe binding at he/si	marria marria declar ed oath de g on yo	relations age; and uardian/o	ship; commi	e depon	ent the	e follow YES	wing	/ the	Cabi	s and	a cor	Dal Dal	ent co	urt, as	answe	ers in l
(i) (ii) *(iii) *(iii)  *(iii)  Delete which Certify that her present  Do you  Do you  Do you  Certify that are and that	that we are not that there is no that I have the be:  Signature Chever is not apple whole of the ite at before administrace:  u know and under u have any object u consider the protect the deponent had the deponent's s	within the property of the pro	ant is a marescribed contents of the pre-	d degree de degree degree degree degree degree degree degree de degree d	declarated oath go no you he know a was p	relations age; and uardian/o	ship; commi	ssioner of	ent the	e follow YES	wing	the y que	Stion	s and	a con	Dal Dal	ent co	urt, as	answe	ers in l
(i) (ii) *(iii) *(iii)  Delete whice Delete the certify that her presented Do you certify that and that	that we are not that there is no that I have the be:  Signature chever is not apple whole of the ite at before administrace:  u know and under u have any object u consider the present the deponent has	within the property of the pro	ant is a marescribed contents of the pre-	d degree de degree degree degree degree degree degree degree de degree d	declarated oath go no you he know a was p	relations age; and uardian/o	ship; commi	ssioner of	ent the	e follow YES	wing	the y que	Stion	s and	a cor	Dal Dal	ent co	urt, as	answe	ers in l
(i) (ii) *(iii) *(iii)  Coelete which Delete the certify that her presen  Do you Do you Certify that ne and that	that we are not that there is no that I have the be:  Signature Chever is not apple whole of the ite at before administrace:  u know and under u have any object u consider the protect the deponent had the deponent's s	within the property of the pro	ant is a marescribed contents of the pre-	d degree de degree degree degree degree degree degree degree de degree d	declarated oath go no you he know a was p	relations age; and uardian/o	ship; commi	ssioner of	ent the	e follow YES	wing	the y que	Stion	s and	a con	Dal Dal	ent co	urt, as	answe	ers in l

3-1/0047

# ANNEXURE Aa



# REPUBLIC OF NAMIBIA

## MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS

## CONSENT TO THE MARRIAGE OF A MINOR

* We/I the *parent(s)/gu	nardian of	
Surname of minor:		· · · · · · · · · · · · · · · · · · ·
Forenames of minor:	<u> </u>	Date of birth
Identity Number		Year Month Day
hereby consent to *his/h	ner marriage to	
Surname:		
Forenames:		Date of birth
Identity Number		Year Month Day
	*Father / guardian	Mother
-	radio / galadian	Home
Surname:		
Forenames:	<u> </u>	
Identity Number		
Signature:		
Date:	· · · · · · · · · · · · · · · · · · ·	
	-	
Remarks:		, , , , , , , , , , , , , , , , , , ,
	* Delete whichever is not applicable	
		Printech cc 05

## ANNEXURE Bb

# MINISTRY OF HOME AFFAIRS AND IMMIGRATION CIVIL REGISTRATION

## APPLICATION FOR AMENDMENT OF A MARRIAGE REGISTER

		, the undersigned, hereby declare as follows
	at on the	
Tha	at my first names/surnames/DoB appear(s) on my certificate of registration of marriage as follows:	ows:
	at my first names/surnames/age appear(s) on my certificate of registration of birth/baptismal of	certificate as follows
Th	at my first names/surnames appear(s) on my Identity Document Number	
as i	follows	
Th	at my first names/surname/DoB was/were incorrectly given at the time of my marriage for the	following reasons
	at my mist mannes/sumanne/Dob was/were meofreety given at the time of my mannage for the	
Th	at I hereby apply for the amendment of my first names/surname/DoB in my marriage register	
	DATE	
dersig	ned, hereby declare that I have read the above statement by my husband/wife and that, to the	
dersig		
dersign and t	ned, hereby declare that I have read the above statement by my husband/wife and that, to the	best of my knowledge, the contents thereof a
dersign and t	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.	best of my knowledge, the contents thereof a
dersign and t	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  ertify that before administering the oath/affirmation I asked the deponent the following questions.	best of my knowledge, the contents thereof a  Signature
I ce	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  ertify that before administering the oath/affirmation I asked the deponent the following questions sence:	best of my knowledge, the contents thereof a  Signature
I ce	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  ertify that before administering the oath/affirmation I asked the deponent the following question sence:  Do you know and understand the contents of this declaration?	best of my knowledge, the contents thereof a  Signature
I copre	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  ertify that before administering the oath/affirmation I asked the deponent the following questisence:  Do you know and understand the contents of this declaration?  Answer	best of my knowledge, the contents thereof a
I copre	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  ertify that before administering the oath/affirmation I asked the deponent the following questisence:  Do you know and understand the contents of this declaration?  Answer	best of my knowledge, the contents thereof a  Signature
I copre a)	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  critify that before administering the oath/affirmation I asked the deponent the following questisence:  Do you know and understand the contents of this declaration?  Answer  Do you have any objection to taking the prescribed oath?  Answer	Signature ons and wrote down his/her answers in his/h
I copre	ned, hereby declare that I have read the above statement by my husband/wife and that, to the hat I have no objection to the proposed amendment.  DATE  ertify that before administering the oath/affirmation I asked the deponent the following questisence:  Do you know and understand the contents of this declaration?  Answer	Signature ons and wrote down his/her answers in his/h
I copre	DATE  The proposed amendment.  DATE  The proposed amendment of the proposed amendment.  DATE  The proposed amendment of the proposed amendment of the proposed amendment.  DATE  The proposed amendment of the proposed amendment of the proposed amendment of the proposed amendment.  DATE  The proposed amendment of the proposed amend	Signature ons and wrote down his/her answers in his/h
I copre a)  b)  c)	DATE  The proposed amendment.  DATE  The proposed amendment objection to the proposed amendment.  DATE  The proposed amendment of the proposed amendment of the proposed amendment.  DATE  The proposed amendment of the proposed amendment of the proposed amendment.  DATE  The proposed amendment of the prop	Signature ons and wrote down his/her answers in his/her this declaration which was sworn to/affirme
l copre	DATE  ertify that before administering the oath/affirmation I asked the deponent the following questisence:  Do you know and understand the contents of this declaration?  Answer  Do you have any objection to taking the prescribed oath?  Answer  Do you consider the oath to be binding on our conscience?  Answer  Ertify that the deponent has acknowledged that he/she knows and understands the contents of ore me and the deponent's signature/thumb print/mark was placed thereon in my presence.	Signature ons and wrote down his/her answers in his/h this declaration which was sworn to/affirme
I copre a)  I copre before the formula of the following th	DATE  The proposed amendment.  DATE  The proposed amendment objection to the proposed amendment.  DATE  The proposed amendment of the proposed amendment of the proposed amendment.  DATE  The proposed amendment of the proposed amendment of the proposed amendment.  DATE  The proposed amendment of the prop	Signature ons and wrote down his/her answers in his/he f this declaration which was sworn to/affirme

# ANNEXURE Cc



# MINISTRY OF HOME AFFAIRS AND IMMIGRATION

(061) 2922111 (061) 2922183	Private WIN
Refi	Your Ref:
APPLICATION FOR DUPLICATE MA	ARRIAGE CERTIFICATE
	857732 P34V 1 - 3877 4
PARTICULARS OF HUSBAND	
SURNAME:	
FORENAMES IN FULL:	
DATE OF BIRTH:	Mitakalaw
IDENTITY NUMBER:	A MARKAMAN Section 18 (18 (18 (18 (18 (18 (18 (18 (18 (18
COUNTRY OF BIRTH:	
MARITAL STATUS BEFORE MARRIAGE:	ZEROOL ZIKJA
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:		
bi/ williou antener har contract		
2 - 30.00 - 7		
DEMOMINATION / MARRIAGE:		ELDIOTZKINI A STRISIA
NAME OF APPLICANT:		· · · · · · · · · · · · · · · · · · ·
POSTAL ADDRESS:		PARCIE LA PERCENSION
TEL. NO:		
SIGNATURE:		
	,	
REGISTRAR OF MARRIAGE	DATE	
FULL NAMES AND SURNAME		
BUSINESS ADDRESS		
BUSINESS ADDRESS		
DESIGNATION (RANK)		

# ANNEXURE Dd



# REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS AND IMMIGRATION 1042201 MARRIAGE REGISTER

	112010121
A. PARTICULARS OF HUSBAND	
1. Surname: 2. Iden	ntity 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. Ider	atity no:
10. Present legitimate surname:	
11. First names in full:	
12. Date of birth: Day Month Year	
14. Marital Status:	
15. Residential Address:	
13.1163IdeHilai Addiess.	그 그는 그리면 하는 사람이 아무리는 사람이 없었다.
	Tel./Cell:
C. PARTICULARS OF MARRIAGE 16.Date of marriage: 17	Consent to the marriage given by (to be completed
	in the case of minors only):
Day Month Year Year	(a) Fallow
19 Marriago colompized et (a) City / Tours / Form	(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 p	recenses of the undersigned witnesses:
Signature (Husband)	Signature (Wife)
22. Witnesses:	Signature (Wile)
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
24	25  Designation Number (Church marriage officer)
Signature  26. Name in Full:	
27. Denomination/Office stamp (ex officio marriage officer)	1 - Burner 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Tot Mo.
	Tel. No:
E. CERTIFICATE BY MARRIAGE OFFICER (Section 6 of Act 25 of 1961)	
I hereby declare that at the time of the solemnizati Marriage Act, 1961 or prior law, to solemnize this	ion of this marriage, I was empowered in terms of the marriage.
	Signature

# ANNEXURE Ee



## **REPUBLIC OF NAMIBIA**

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

# MARRIAGE CERTIFICATE

**B** 238136

MAINIAGE GENTIN TOATE	
HUSBAND	WIFE
Surname:  First name(s):	Surname: First name(s):
Identity No.	Identity No.
Date of Birth: Year Month Day	Date of Birth: Year Month Day
Date of marriage: Year Month Day	
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:	ntime trace 110015

# ANNEXURE Ff

	REPUBLIC C MINISTRY OF HOME AFFA MARRIAGE CE	AIRS AND IMMIGRATION	
	HUSBAND	Applied form our WIFE	ation mber:
Surname		Surname:	
First nam	e(s):	First name(s):	
identity/p	assport number:	Identity/passport number:	
Date of b	rth:	Date of birth:	
Place of t	pirth:	Place of birth:	
Nationalit	y	Nationality:	
Date of N	larriage:		
Marriage	solemnized at:	Place of Marriage:	
Married v	rith/without ante nuptial contract:		( X )/
Full name	of Marriage Officer:		
	Officer number:	Place:	and a William
Date:	Marriage Office	r/lesuing Officer	Republic of Namibia     Opcion 2011

# ANNEXURE Gg

REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS AND IMMIGRATION	
MARRIAGE OFFICER CERTIFICATE	AO 0000000
DESIGNATION AS MARRIAGE OFF	ICER
The Minister of Home A <sub>f</sub> Section 3 of the Marriage Let, 1961 (Let No.	
of the	
to be a Marriage Officer for the purpose of So according to Christian rites within the Republic	of Namibia so long as
he is a Minister of Religion of the above	menuonea Toeugious
he is a Minister of Religion of the above denomination or organization.	menuonea Sceugious
denomination or organization. The designation became effective	eas from
denomination or organization.	e as from
denomination or organization. The designation became effective and is subjected to provision of Section 9 of the al	eas from
denomination or organization. The designation became effective	eas from