



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:

INPUT VOUCHER

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 / APPLICANTState 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

I. GENERAL INFORMATION

1. 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



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. NAMES OF RELATIVES OR ACQUAINTANCES WHO CAN BE CONTACTED FOR FURTHER INFORMATION

1. Name _____ Tel/Cell No: _____
 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



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's birth. I acquired the citizenship of the said country by virtue of _____ (date) _____ while resident in (country) _____ I was in 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.

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*
 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)

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

AFFIDAVIT

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:.....

-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:.....

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 has acknowledged that he/she knows and understands the content of this declaration which was sworn to/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:.....

- ☐ 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:.....
- ☐ Correction of date of marriage
- ☐ Correction of first/second names
- ☐ Duplicate of marriage certificate
- ☐ Duplicate of marriage with/without ANC
- ☐ Correction of marriage certificate
- ☐ Original marriage certificate submitted
- ☐ 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.

/eb-dcp16

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

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

12. Place of Birth: _____ 13. Country: _____

C. Particulars of child's mother

14. Surname: _____ 15. First names: _____

16. Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 O

3-1/0065



REPUBLIC OF NAMIBIA

A 007513

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
<input type="text"/>	<input type="text"/>
4. Identity Number:	<input type="text"/>
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
<input type="text"/>	<input type="text"/>
12. Place of Birth: _____	13. Country: _____
Status of Father in Namibia	

C. Particulars of Child's Mother

14. Surname: _____	15. First Names: _____
16. Date of Birth:	
Day	Month Year
<input type="text"/>	<input type="text"/>
17. Place of Birth: _____	18. Country: _____
Status of Mother in Namibia	

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

PARTICULARS OF CHILD

Application form number: _____

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 _____

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Opcion 2011

ANNEXURE R

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

BIRTH CERTIFICATE FOR NON-NAMIBIANS

AC 0000000

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): _____ 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 _____

© Republic of Namibia
Option 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:

[illegible]

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

Decision taken

Signature Date.....

OFFICIAL
DATE
STAMP

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) 2922185Private 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

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

--	--

--	--	--	--	--

--

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.

.....
 Register of Deaths

Place:

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 0000000

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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Option 2011

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

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

JMP-2012-9571

ANNEXURE Aa



3-1/0047

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS

CONSENT TO THE MARRIAGE OF A MINOR

* We/I the *parent(s)/guardian of

Surname of minor: _____

Forenames of minor: _____

Identity Number

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

 Year

--	--	--	--

 Date of birth
Month

--	--

 Day

--	--

hereby consent to *his/her marriage to

Surname: _____

Forenames: _____

Identity Number

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

 Year

--	--	--	--

 Date of birth
Month

--	--

 Day

--	--

	*Father / guardian	Mother																														
Surname:	_____	_____																														
Forenames:	_____	_____																														
Identity Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>															
Signature:	_____	_____																														
Date:	_____	_____																														

Remarks:

* Delete whichever is not applicable

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 at I, 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) 2922183Private 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 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. 		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:			

prime press 112012

ANNEXURE Ff

AA 0000000

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
MARRIAGE CERTIFICATE

HUSBAND

Surname: _____

First name(s): _____

Identity/passport number: _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Date of Marriage: _____

Marriage solemnized at: _____

Married with/without ante nuptial contract: _____

Full name of Marriage Officer: _____

Marriage Officer number: _____

Date: _____

WIFE

Application form number: _____

Surname: _____

First name(s): _____

Identity/passport number: _____

Date of birth: _____

Place of birth: _____

Nationality: _____

Place of Marriage: _____

Place: _____

Marriage Officer/Issuing Officer: _____

Signature _____

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October 2011

ANNEXURE Gg

REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS AND IMMIGRATION

MARRIAGE OFFICER CERTIFICATE

AO 0000000

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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Opinion 2011