


**APPLICATION FOR DEATH CERTIFICATE**  
 [Births and Deaths Registration Act 51 of 1992]


DC000393200

To be completed in full and submitted at the Department of Home Affairs' office or to a South African embassy or consulate. The form to be completed in black ink with **BLOCK LETTERS**. Please mark with  the CORRECT box, where required. **Applications that are not legible shall not be accepted.**

Please select below which certificate is required:

 Unabridged Certificate 

 Certified copy of death register (vault copy) 

 Abridged Certificate 

 Handwritten abridged certificate 

Please provide reasons for applying for this certificate [compulsory in terms of Section 29 (2) 9 (b) of the Act]:

**A. PARTICULARS OF A DECEASED**

Identity / Passport number

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

Death Entry no:

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

Date of death

Y	Y	Y	Y	M	M	M	M	M	M	M	M	M	M	D	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

(write month in full)

Surname

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

Previous/Maiden surname

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

Forenames in full

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

Place of death: City/Town

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

Place of Burial: City/Town

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

Province of death/District

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

Country of death

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

**B. PARTICULARS OF APPLICANT**

Identity/Passport number

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

Surname

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

Forenames in full

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

Residential address: Street

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

Town/Village

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

Province /District

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

Postal code

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

Telephone no., incl. area code

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

Cell Phone No.

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

Relationship to the Deceased:

 Husband/Partner A

 Wife/Partner B

 Legal Representative

 Authority officer, provide case number:

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

 Other, please specify

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

I, \_\_\_\_\_ (the applicant), hereby declare under oath that the information submitted is to the best of my knowledge and belief, true and correct in case it is not true. I shall be guilty of an offence and on conviction liable to a fine or imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of Act 51 of 1992)

Signature of Applicant: \_\_\_\_\_

Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

**C. APPLICATION RECEIVED BY:**

Identity Number

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

Surname

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

Forenames in full

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

Peral No.

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

Date

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 DOCUMENTS SUBMITTED: PLEASE TICK 
 Original ID document of applicant was presented

 Power of Attorney

 Payment received, if applicable

Office stamp - OFFICE OF ORIGIN

Signature \_\_\_\_\_