

MINISTRY OF HOME AFFAIRS

Department of Civic Affairs

NOTIFICATION OF BIRTH

WARNING - The penalties for false statements wilfully made are the same as those for perjury.

N.B. - This form must be filled in block letters and should preferably be signed by the father or mother or guardian.

CHILD 1. NAME: Surname First names in full DATE OF BIRTH: (in full) 2. PLACE OF BIRTH: (a) City / town / farm 3. (b) Was the child born in a maternity home or hospital? (Yes or No) 4. **FATHER OF CHILD** 5. **IDENTITY NUMBER** 6. NAME: Surname First full names in full 7. DATE OF BIRTH: Year Day Month PLACE OF BIRTH: 8. 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 -MOTHER OF CHILD 11. **IDENTITY NUMBER** 12. NAME: Present legitimate surname First names in full Maiden name 13. DATE OF BIRTH: Year Month Day

PLACE OF BIRTH:....

14.

15.	CIT	IZENSHIP AT THE TIME OF CHILD'S BIRTH:				
16.	IF THE MOTHER IS NOT A NAMIBIAN CITIZEN, STATE WHETHER SHE IS A PERMANENT RESID OF THE REPUBLIC OF NAMIBIA.					
	Yes	or No If Yes, state -				
	IMN	MIGRATION PERMIT NUMBER (not form number)	AND DATE			
17.	ARE	ARE PARENTS INDICATED UNDER ITEM 6 AND 12 LEGALLY MARRIED TO EACH OTHER?				
	Yes	Yes or No				
	IF Y	IF YES, STATE PLACE WHERE MARRIAGE WAS SOLEMNIZED				
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 of and number in street/avenue/etc				
	(c)	Name of suburb				
	(d)	name of city/town/place				
	(e)	Magisterial district				
19. (a) NAME OF PERSON OR INSTITUTION IN WHOSE CARE THE CHILD IS - USU			CARE THE CHILD IS - USUALLY THAT OF THE			
		PARENTS				
	(B) POSTAL ADDRESS OF SUCH PERSON OR INSTITUTION, IF NOT THE SAME AS THE A INDICATED AT ITEM 21:					
IMPORTANT						
IMPORTANT						
20.	I SOLEMNLY DECLARE THAT THE INFORMATION FURNISHED BY ME IS TRUE AND CORRECT.					
		RELATIONSHIP TO CHILD				
21.		SIDENTIAL ADDRESS				
DATE SIGNATURE (OR MARK)						
		FOR OFFICIAL US	SE ONLY			
EŅTF	RY NI	UMBER				
REGISTRAR						
CHE	CHECKED					
DATE	:					



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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.

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 ______ on (date) _____ while resident in (country) _____ I was in

possession of Namibian Passport No.: ______ issued at (place) _____

____valid until (date) ____

MOTHER OF CHILD

Surname:	Maiden Name:	
	Month	Year
CIT	IZENSHIP OR NATIONALITY OF I	MOTHER
I was a citizen of (state country	ry)	at the time of my child's
birth. I acquired the citizenship	o of the said country by virtue of	on
(date)	while resident in (country)	I was in
possession of Namibian Passp	ort No.: issued at (p	place)
on (date)	valid until (date)	
	DECLARATION	
I, (name in full)		
	n full)	
Hereby declare that:		
	the above-mentioned child and that I have not a nd voluntary act while absent from Namibia and th and belief correct; or	
I am the legal guardian of the above-mentioned child and that the father / mother of the child has not acquired th citizenship or nationality of any other country by a formal and voluntary act while absent from Namibia and that th information furnished above is to the best of my knowledge and belief correct.		
Signature:	Capacity:	
	(Father / mother / legal guardi	ian)
Date:	•	
Place:		
	FOR OFFICIAL USE	
Date of registration:	District:	
	REGISTRAR	