



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION FOR DUPLICATE ABRIDGED/FULL BIRTH CERTIFICATE

ID NO [grid of 12 boxes]

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:.....