



REPUBLIC OF NAMIBIA

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 .....
2. DATE OF BIRTH: (in full) .....
3. PLACE OF BIRTH: (a) City / town / farm .....
- District .....
- Country .....
- (b) Was the child born in a maternity home or hospital? (Yes or No) .....
4. SEX: .....

**FATHER OF CHILD**

5. IDENTITY NUMBER 

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6. NAME: Surname .....
- First full names in full .....
7. DATE OF BIRTH: Year 

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 Month 

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 Day 

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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 

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12. NAME: Present legitimate surname .....
- First names in full .....
- Maiden name .....
13. DATE OF BIRTH: Year 

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 Month 

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 Day 

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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 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 - 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 .....
- DATE ..... SIGNATURE (OR MARK) .....

**FOR OFFICIAL USE ONLY**

ENTRY NUMBER .....

REGISTRAR .....

CHECKED .....

DATE .....

<p>INPUT VOUCHER</p>
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