DUPLICATE BIRTH CERTIFICATE

- Completed Application form for Duplicate Birth Certificate
- Certified copy of Namibian ID
- Affidavit stating what happened to the original document
- Proof of payment (Payment to the Embassy Bank account)

Fee (SEK):

90, incremental for every duplicate issued i.e.

1st dupl. 90 + Bank charges 50 (Foreign payments) 2nd dupl. 180 + Bank charges 50 (Foreign payments) 3rd dupl. 270 + Bank charges 50 (Foreign payments) 4th dupl. 360 + Bank charges 50 (Foreign payments) 5th dupl. 450 + Bank charges 50 (Foreign payments)

Total in SEK:

Fee: Above + Bank charges + Registered mailing fee

Bank charges: 50 SEK (Foreign payments)

Registered mailing fee: 200 SEK (in case the document is sent to applicant by Registered mail)

Bank charges are to be paid for foreign payments (Payments made from Bank accounts abroad).

Payment should be made to the Embassy Bank account:

Embassy bankgiro No: 5437-0002 (Domestic payments only)

SEB Swift code: ESSESESS

SEB IBAN No: SE0950 0000 0005 2771 0156 41

SEB Account No: 5277 10 156 41

Name of applicant should be on payment order and indication that payment is for Duplicate Birth Certificate, Bank charges (Foreign payments) and mailing (in case the document is forwarded to applicant by Registered mail).



MINISTRY OF HOME AFFAIRS AND IMMIGRATION

APPLICATION	FOR DUPL	ICATE ABRIE	GED/FULL BIRTH	CERTIFIC
ID NO				
Surname				
Maiden Name	:(if applica	able)	••••••	
First Name(s) in	a Full:			1
Date of Birth		Month	Year] Sex:
Place of Birth	:City	,	Country	
Surname of Fat				
First Name(s)	• • • • • • • • • • • • • • • • • • • •	***************************************		
Date of Birth	Day	Month	Year	
Place of Birth	:City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Country	
			Maiden Name	A Committee of the Comm
First Name(s)	•	***********		
Date of Birth	Day	Month	Year	
Place of Birth	:City	**********	Country	•••••••
Are parents lega	ally married	?		*********
If yes, Place of I	Marriage:		Date of Marı	riage:
Mark with an X	whichever	is applicable:		: :
Abridged Certif				
Purpose for whi	ich the certi	ficate is require	ed:	
			**************************************	·
Name of applica	ant:			
Postal Address:		. ,	Tel:	
Ciomotura:				