

**Application type:**New: Late registration: Adoption: Amendment/correction: 

Barcode sticker

**REPUBLIC OF NAMIBIA****MINISTRY OF HOME AFFAIRS, IMMIGRATION, SAFETY AND SECURITY****APPLICATION FOR REGISTRATION OF BIRTH**

(Regulation 2 (ii))

*Kindly take notice that penalties for false statements willfully made are the same as those for Perjury*

Certificate number/entry number

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

Birth number given by Health Authorities

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

**A: DETAILS OF THE CHILD**

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Date of birth:

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

Sex: Male  Female Type of birth: Single  Twins  Triplets  Quadruplet **PLACE AND COUNTRY OF BIRTH**

Place of birth: \_\_\_\_\_ Constituency: \_\_\_\_\_

Region of birth: \_\_\_\_\_ Country of birth: \_\_\_\_\_

**B: BIRTH REGISTRATION DETAILS**Name of health facility where the child was born: \_\_\_\_\_ Home birth: 

Usual place of resident of child (Town): \_\_\_\_\_

The capacity of person(s) registering: \_\_\_\_\_


**C: DETAILS OF THE BIOLOGICAL FATHER OF THE CHILD**

Identity number/entry number/passport number

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

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Date of birth:

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

Place of birth: \_\_\_\_\_ Region: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Citizenship at the time of child's birth: \_\_\_\_\_

*If the father is not a Namibian citizen, state whether he is a permanent resident of the Republic of Namibia*

 YES  NO 

Permanent resident permit no: \_\_\_\_\_

Date issued: \_\_\_\_\_

Usual place of resident of father (Town): \_\_\_\_\_

Address: \_\_\_\_\_

Cell no: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**EDUCATIONAL ATTAINMENT (tick one only):**

No formal education	<input type="checkbox"/>
Adult education	<input type="checkbox"/>
Incomplete primary education	<input type="checkbox"/>
Complete primary education	<input type="checkbox"/>
Complete secondary education	<input type="checkbox"/>
Vocational training	<input type="checkbox"/>
Tertiary education	<input type="checkbox"/>

**DECLARATION OF PATERNITY:**

I hereby declare that I am the biological/adoptive\* father of the above-mentioned child, and agree to the first name(s) and surname given:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*A court order must be attached for adoptive parent(s)

3

**D: DETAILS OF BIOLOGICAL MOTHER OF THE CHILD**

Identity number:

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

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Date of birth:

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

Place of birth: \_\_\_\_\_ Region: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Citizenship at the time of child's birth: \_\_\_\_\_

*If the mother is not a Namibian Citizen, state whether she is a permanent resident of the Republic of Namibia*

YES  NO

Permanent resident permit no: \_\_\_\_\_

Date issued: \_\_\_\_\_

Usual place of resident of mother (Town): \_\_\_\_\_

Address: \_\_\_\_\_

Cell no: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**EDUCATIONAL ATTAINMENT (tick one only):**

No formal education	<input type="checkbox"/>
Adult education	<input type="checkbox"/>
Incomplete primary education	<input type="checkbox"/>
Complete primary education	<input type="checkbox"/>
Complete secondary education	<input type="checkbox"/>
Vocational training	<input type="checkbox"/>
Tertiary education	<input type="checkbox"/>

**DECLARATION OF MATERNITY:**

I hereby declare that I am the biological/adoptive\* mother of the above-mentioned child, and agree to the first name(s) and surname given:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E: MARITAL STATUS OF THE PARENTS**

Are the parents indicated under item C and D legally married to each other?

YES  NO

Place of marriage: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

\*A court order must be attached for adoptive parent(s)

4

3-1/0016

**F: CHILDREN IN CARE**

*In the event that the child is not living with either the biological parents, kindly provide the name and address of caregiver or institution:*

Name of caregiver/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

**G: DECLARATION OF PERSON REGISTERING THE CHILD**

*I solemnly declare that the information furnished above is true and correct:*

Full name: \_\_\_\_\_ ID number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Residential address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**H: LEFT THUMB PRINT IF APPLICANT IS ABOVE THE AGE OF TWELVE (12) YEARS**

LEFT THUMB PRINT

**I: FOR OFFICIAL USE**

Type of birth certificate issued: Namibian birth certificate:  Birth certificate for non-namibians:

**I hereby declare that the content of this form has been verified and is correct:**

Approved/Not Approved: \_\_\_\_\_

Name of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Office: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_

Official Stamp