

GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS AND IMMIGRATION

No. 173

AMENDMENT OF REGULATIONS UNDER BIRTHS, MARRIAGES AND DEATHS REGISTRATION ACT: BIRTHS, MARRIAGES AND DEATHS REGISTRATION ACT, 1963

In terms of regulation 2(iii) of the Regulations under the Births, Marriages and Deaths Registration Act, 1963 (Act No. 81 of 1963), I have amended the regulations as set out in the Schedule.

L. KANDETU REGISTRAR OF CIVIL REGISTRATION

Windhoek, 7 July 2016

SCHEDULE

Definition

1. In these regulations "the Regulations" means the Regulations under the Births, Marriages and Deaths Registration Act published under Government Notice No. 214 of 24 December 1987 as amended by Government Notice Nos. 128 of 2 July 2001, 214 of 15 August 2013, 27 of 14 March 2014 and 52 of 11 April 2014.

Amendment of Schedule to Regulations

2. The Schedule to the Regulations is amended by the substitution for Annexures A and B of the following Annexure:

The capacity of person(s) registering:_

"ANNEXURE

Application type:													B 1 "1
New:													Barcode sticker
Late registration:										L			
Adoption:													
Amendment/correction:				*	*								
REPUBLIC OF NAMIBIA													
MINISTRY OF HOME AFFAIRS AND IMMIGRATION APPLICATION FOR REGISTRATION OF BIRTH (Regulation 2(iii)													
Kindly take	e notice t	that per	nalties	for fa	alse st	ateme	nts wi	lfully i	nade	are i	the s	ame	as those for Perjury
Kindly take notice that penalties for false statements willfully made are the same as those for Perjury Certificate number/entry number													
			Birth	num	ber giv	en by l	-lealth	Author	ities				ı
]
A: DETAILS OF THE CHILD					<u> </u>		l	I	I				J
Surname:													
First name(s):													
					Dat	te of bi	rth:						
	D	D		M	M		Υ	Υ		Υ		γ	/
Sex: Male Female	7												
Type of birth: Single	Twins		Triple	ts		Quad	ruplet						
PLACE AND COUNTRY OF BIRTH													
Place of birth:					C	onstitue	ency:_						
Region of birth:					Cc	ountry o	of birth:						
B: BIRTH REGISTRATION DETA	AILS												
Name of health facility where the	child was	born:_											Home birth:
Usual place of resident of child (T	own):												_

C: DETAILS OF THE <u>BIOLOGICAL</u> FATHER OF THE CHILD						
Identity number/entry number/passport number						
Surname:						
First names:						
	Date of birth:					
	D D M M Y Y Y Y					
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						
Adult education						
Incomplete primary education						
Complete primary education						
Complete secondary education						
Vocational training						
Tertiary education						
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)

D: DETAILS OF <u>BIOLOGIGAL</u> MOTHER OF THE CHILD

	Identity number:					
Surname:						
Firstnames:						
	Date of birth:					
D D M M Y Y Y						
Place of birth: Region:						
Country of birth:						
Citizenship at the time of child's birth:						
If the mother is not a Namibian Citiz	en, 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 (tic	cone only):					
No formal education						
Adult education						
Incomplete primary education						
Complete primary education						
Complete secondary education						
Vocational training						
Tertiary education						
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)

F: CHILDREN IN CARE					
In the event that the child is r	not living with either the biological pa	arents, kindly provide t	the name and address of caregiver or institution:		
Name of caregiver/Institution	:				
Address:					
Cell:					
G: DECLARATION OF PER	SON REGISTERING THE CHILD				
I solemnly declare that the in	formation furnished above is true an	nd correct			
Full name:		ID number:			
Relationship to child:					
Residentialaddress:					
Telephone number:		E-mail:			
Signature:					
H: LEFT THUMB PRINT IF A	APPLICANT IS ABOVE THE AGE O	OF TWELWE (12) YE	ARS		
	LEFT THUMB PRINT				
I: FOR OFFICIAL USE					
Type of birth certificate iss	ued: Namibian birth certificate:	Birth certifica	ate for non-namibians:		
I hereby declare that the co	ontent of this form has been verifi	ed and is correct:			
Approved/Not Approved:					
Name of Registrar:					
Registration Office:					
Signature of Registrar:					
			Official Stamp		