



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

Reference No.

APPLICATION FOR AN AMENDMENT IN TERMS OF
SECTION 7 (2) OF THE BIRTHS AND DEATHS REGISTRATION ACT, 1992

AFFIDAVIT

TAKE NOTE

1. If the person whose date of birth must be altered is 21 years of age or older, he/she must complete and sign the affidavit.
2. If he/she is under the age of 21 years, either of the parents or legal guardian must complete and sign the affidavit.
3. To amend an incorrect date of birth, documentary proof of the correct date of birth e.g. baptismal or school certificate, hospital letter or clinic card, must be submitted together with the affidavit.
4. The person concerned should apply in person for a new identity document at the nearest Regional or District Representative of the Department of Home Affairs.

I, the undersigned (forenames and surname)
hereby declare that:

1. My address is

2. *I/my child was born at on

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

3. The surname/date of birth, gender description is erroneously recorded in the birth certificate/identity document as.....

4. I/he/she hereby apply/applies for the alteration of my/his/her surname/date of birth/gender description in the birth register and identity document from.....
..... to.....

5. My/my child's identity number is:

| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

.....
Date

.....
Deponent

1. I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down his/her answers in his/her presence:

(a) Do you know and understand the contents of this declaration?

Answer

(b) Do you have any objection to taking the prescribed oath?

Answer

(c) Do you consider the prescribed oath to be binding on your conscience?

Answer

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and the deponent's signature/thumb-print/mark was placed thereon in my presence.

.....
Commissioner of Oaths

BLOCK LETTERS

Forenames and surname.....

Business address..... Area.....

Designation (Rank)..... Date.....

* Delete if not applicable.