

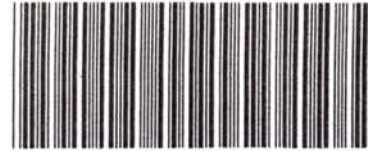


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663D490163

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the CORRECT box, where required. **All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.** (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

A. PARTICULARS OF THE DECEASED

Instructions: Section A to be filled out by **Authorised Medical Practitioner / Professional Nurse**, who is responsible for examining the body to determine the cause of death. The **Informant** must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

2. Identification of the deceased (tick one box):

2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family

2.2 Stillborn child

2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased

2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth

2.5 The deceased was already buried prior to the completion of this form

2.6 The deceased was unidentifiable: 2.6.1 Burnt 2.6.2 Decomposed 2.6.3 Other (specify) _____

2.6.4 DNA samples retrieved for identification purposes 2.6.5 Dental records taken for identification purposes

3. Date of Death / stillbirth

20170804

4.1 Place of Death/stillbirth (City/Town/Village)

DELMAS

4.2 Province of Death/stillbirth

GP

5. Place of Registration of Death / stillbirth

CULLINAN

6. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

8. Identity No. (Passport No. if foreigner)

2802165008084

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

Y Y Y Y M M D D

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

GOLDENHUIS

13. Previous / Maiden Surname

14. Forenames

DIRIK DENIS

15. Usual Residential Address: Street

SMIT ST 12

Town

DELMAS

Province

MPUMALANGA

Postal code 2216

16. Citizenship

RSA

17.1 Place of Birth (City / Town / Village)

DELMAS

17.2 r Cou Birth, if abroad

17.3 6.2 Province of Birth

MP

17.4 7. Marital Status of the deceased

17.1 Single

17.2 Married

17.3 Widowed

17.4 Divorced

18. Education level of deceased, specify only the highest class completed)

None	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8 Form 1	Gr 9 Form 2	Gr 10 Form 3 NTC 1	Gr 11 Form 4 NTC 2	Gr 12 Form 5 NTC 3	Univ Tech	Un-Known

(mark with a)

19. Usual occupation of deceased (type of work done during most of working life)

SELF EMPLOYED

20. Type of business / industry: (mark with a)

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined

21. Was the deceased a regular** smoker five years ago? (mark with a)

21.1 Yes

21.2 No

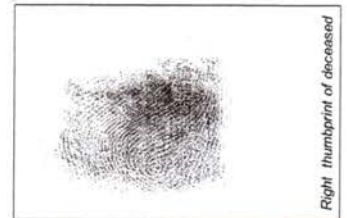
21.3 Do not know

21.4 Not applicable (minor)

*Where the deceased lived on most days. **Smoking tobacco on most days.



Left thumbprint of deceased



Right thumbprint of deceased



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663D490163

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the CORRECT box, where required. **All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.** (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **Natural Causes**
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to **Natural Causes**

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. 01852480MP

24. Surname WESTERMAN

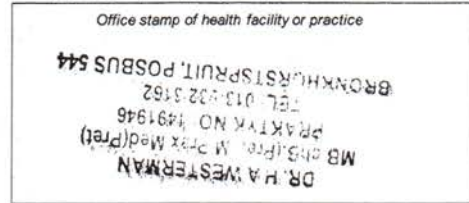
25. Forenames HENDRIK A

26. Name of Health Facility / Practice NESMA 27 27. Facility / Practice No. 1491946

28. Business Address: Street CHARLB CLIKHAKS ST 27

Town BRONKHORSTSPRUIT Province GAUTENG

Telephone No. (Office) 013 932 31 62 Postal Code 1020



I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed BRONKHORSTSPRUIT Signature [Handwritten Signature]

Date signed 20170808

C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

31. Date of Post-mortem Y Y Y Y M M D D

32. Name of Medico-legal Mortuary

33. Mortuary No.

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

36.1 HPCSA Registration No.

37. Surname

38. Forenames

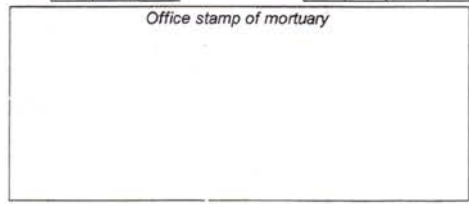
39. Business Address: Street

Town

Province

Postal Code

Telephone No. (Office)



I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed

Date signed Y Y Y Y M M D D Signature

D. PARTICULARS OF INFORMANT

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

40. Identity No. (Passport No. if foreigner) 5507135017084 41. Date of Birth 19550713

42. Citizenship SA

43. Surname GELDENHUIS

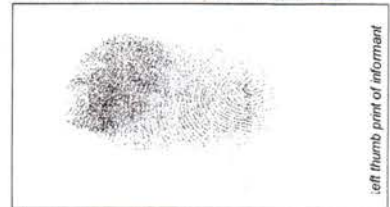
44. Forenames LEON BASIL

45. Residential Address: Street SMIT ST 12

Town DORMAS Province MPUMALANGA Postal Code 2210

Telephone No. (Home) Cellphone No. 083 288 4709

46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify



I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Signature [Handwritten Signature] Date signed 20170808

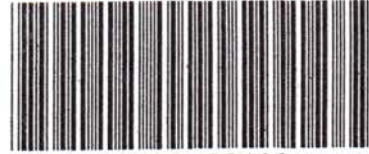


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663D490163

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with the CORRECT box; where required. **All fields are COMPULSORY. Incomplete applications and applications that are not legible may be considered invalid.** (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

E. PARTICULARS OF FUNERAL UNDERTAKER

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. **Authorised Funeral Undertaker or Informant** may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parlour D&M FUNERALS

48. DHA Designation No. CUL008 49. Company Reg. No. SOLE PLOP

50. SARS Reg. No. (Income tax reference no.)

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 6008185088082

52. Surname GRBYNINC

53. Forenames PAUL HODSWYK

54. Residential Address Street 19 CHURCH SQ

Town BRONKHORSTSPRUIT

Province GAUTENG Postal Code 1020

Telephone No. (Office) Cellphone No. 082 322 8321

55. Date of collection of corpse 20170804 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) Province

58. Date of Burial Y Y Y Y M M D D 59. Grave No. (if available)

Place signed BRONKHORSTSPRUIT

Date signed 20170808 Signature



Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 6008185088082

61. Surname GRBYNINC

62. Forenames PAUL HODSWYK

Place signed DDUMAS

Date signed 20170804 Signature



F. FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):

4. Surname

5. Forenames

6. Personal No.

Documents included with this notice:

Copy of the deceased's ID Copy of ID document of the informant

DHA - 6 (if applicable) DHA - 1680 (if applicable)

HA-1663 was submitted by: Informant Funeral Undertaker

