



ENTRY NUMBER

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REPUBLIC OF NAMIBIA

**MINISTRY OF HOME AFFAIRS**  
**DEPARTMENT OF CIVIC AFFAIRS**

**APPLICATION FOR THE LATE REGISTRATION OF A BIRTH**

**WARNING: THE PENALTIES FOR FALSE STATEMENTS WILFULLY MADE ARE THE SAME AS THOSE FOR PERJURY.**

**N.B.: READ THE INFORMATION ON PAGE 4 BEFORE COMPLETING THE FORM.**

**A. CHILD / APPLICANT**

Surname: .....

First names in full: .....

Date of birth: ..... Place of birth: .....

Country of birth: .....

Residential address: ..... Tel. No.: .....

Identity number: 

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 Sex: .....

Was the child born in a maternity home or hospital? Yes  No

**B. FATHER OF CHILD / APPLICANT**

State whether father is: Alive  Dead

His present residential address (if alive): .....

..... Tel. No.: .....

If deceased, state date: ..... District of death: .....

Surname: .....

First names in full: .....

Date of birth: ..... Place of birth: .....

Country of birth: .....

Identity number: 

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Citizenship at the time of child's/applicant's birth: .....

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

Yes  No

If yes, state Permanent Residence Permit Number (not number of form) .....

and date .....

**C. MOTHER OF CHILD / APPLICANT**

State whether mother is: Alive  Dead

Her present residential address (if alive): .....

Tel. No.: .....

If deceased, state date: ..... Place of death: .....

Surname: ..... Maiden name: .....

First names in full: .....

Date of birth: ..... Place of birth: .....

Country of birth: .....

Identity number: 

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Citizenship at the time of child's / applicant's birth: .....

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

Yes  No

If yes, state Permanent Residence Permit Number (not number of form) .....

and date .....

**D.**

Are the parents indicated under Item B and C legally married to each other? Yes  No

If yes, state place where marriage was solemnized: .....

Date: .....

**E. ACKNOWLEDGEMENT OF PARENTAGE OF A CHILD BORN OUT OF WEDLOCK**

*(This part must be completed and signed in the presence of a Registrar of Births)*

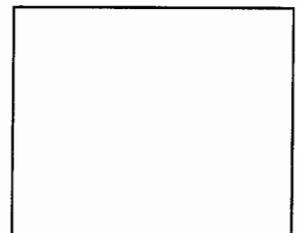
**FATHER**

I, ....., I.D. No.: ....., declare that I am the biological father of the abovementioned child and give permission for the registration of his/her birth in my surname.

Signature (Father): .....

Left thumb print

Date: .....



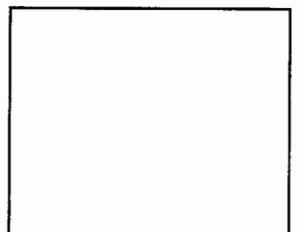
**MOTHER**

I, ....., I.D. No.: ....., declare that I am the biological mother of the abovementioned child and consent for the registration of his/her birth in the surname of the biological father.

Signature (Mother): .....

Left thumb print

Date: .....



**F. GENERAL INFORMATION IN RESPECT OF THE APPLICANT HIM/HERSELF OR THE FATHER/MOTHER/GUARDIAN OF THE CHILD**

Name of person or institution in whose care the child/applicant is (usually that of the parents):

Name: .....

Postal address: .....

Residential address: ..... Tel. No.: .....

Relationship to child: .....

**G.**

State whether you have previously applied for a Namibian Birth Certificate: Yes  No

If yes, state:

(i) When: .....

(ii) At which office: .....

**APPLICATIONS MUST BE SIGNED IN THE PRESENCE OF A REGISTRAR OF BIRTHS.**

I declare under oath that the particulars given by me are, to the best of my knowledge true and correct.

Date: ..... Signature of Deponent: .....

**H.**

**FOR OFFICE USE ONLY**

1. I certify that, before administering the oath/affirmation, I asked the deponent(s) the following questions and wrote down his/her answer 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/affirmed before me and the deponent's Signature/Thumbprint was placed thereon in my presence.

.....  
*Registrar of births*

.....  
*Designation (Rank)*

Full names and surname: .....

Business address: .....

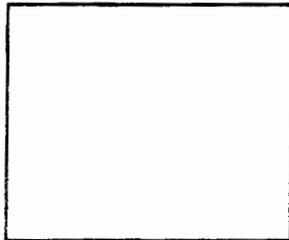
Date: .....

OFFICIAL DATE STAMP

**I.****GENERAL INFORMATION**

1. This form must be completed in block letters and should preferably be signed by the father, mother, guardian or the applicant self. If he/she is older than 21 years of age.
2. When completing Part E, the father and mother must be present with their identity cards. (The office personnel will assist you in completing this part.)
3. A late registration of the birth is done when a person is one year or older. In order to substantiate application for the late registration of birth the following documents should be attached to Form 3-1/0032.
  - \* Maternity certificate/proof of birth
  - \* Marriage certificate of the parents
  - \* Identity documents of the parents
  - \* Birth certificate of parents
  - \* Affidavit from principal of first school attended
  - \* Death certificate of parents if they are deceased.
4. The left thumbprint of person for whom a late registration of birth is applied must be provided in the box below. (Only persons who are thirteen years and older)

Left thumbprint



5. The abridged birth certificate may be issued after the application for late registration has been approved.
6. Every birth may be registered in the region or area in which it occurs.

**J.****NAMES OF RELATIVES OR ACQUAINTANCES  
WHO CAN BE CONTACTED FOR FURTHER INFORMATION**

NAME	I.D. NUMBER	ADDRESS	TEL. NO.	RELATIONSHIP
A.				
B.				

**K.****FOR OFFICE USE ONLY**

Checked by: (Full name): ..... Date: .....

Approved / Not approved: ..... Date: .....

Approved by: (Full name): ..... Date: .....

Reasons, if not approved: .....

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