

SPECIMEN FORM ONLY



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

DHA-1663 A
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BARCODE

NOTICE OF DEATH / STILL BIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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)

Serial number

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 still birth? ☐ 1.1 Death ☐ 1.2 Still birth

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 Still born 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 / still birth

Y Y Y Y M M D D

4.1 Place of Death/still birth (City/Town/Village)

4.2 Province of Death/still birth

5. Place of Registration of Death / still birth

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

7. Home telephone no.

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

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

13. Previous / Maiden Surname

14. Forenames

15. Usual* Residential Address:

Street

Town

Province

Postal code

16. Citizenship

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

16.2 Province of Birth

17. 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)

Non e

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 Unkn

(mark with a ☒)

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

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



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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.

24. Surname																					
25. Forenames																					
26. Name of Health Facility / Practice											27. Facility / Practice No.										
28. Business Address:																					
Street																					
Town											Province										
Telephone No. (Office)											Postal Code										

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 on 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

Date signed

Signature

Office stamp of health facility or practice

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 / 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:

HPCSA Registration No.

37. Surname																					
38. Forenames																					
39. Business Address:																					
Street																					
Town											Province										
Telephone No. (Office)											Postal Code										

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

Signature

Office stamp of mortuary

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)											41. Date of Birth	Y	Y	Y	Y	M	M	D	D
42. Citizenship											<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Left thumb print of informant</div> </div>								
43. Surname																			
44. Forenames																			
45. Residential Address:																			
Street																			
Town																			
Province											Postal Code								
Telephone No. (Home)											Cellphone No.								
46. The Deceased is my:																			

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

Date signed

Y Y Y Y M M D D

Place signed



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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																									
48. DHA Designation No.													49. Company Reg. No.												
50. SARS Reg. No. (Income tax reference no.)																									

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner)																	
52. Surname																	
53. Forenames																	
54. Business Address																	
Street																	
Town																	
Province																	
Postal Code																	
Telephone No. (Office)																	
Cellphone No.																	
55. Date of collection of corpse	Y	Y	Y	Y	M	M	D	D	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)								

Left thumbprint of funeral undertaker

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner)												
61. Surname												
62. Forenames												

Place signed

Date signed

Y	Y	Y	Y	M	M	D	D
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 Signature _____

Office stamp of funeral undertaker

F. FOR OFFICIAL USE ONLY

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

63. Identity No.												
64. Surname												
65. Forenames												
66. Persal No.												

Documents included with this notice:

<input type="checkbox"/> Copy of the deceased's ID	<input type="checkbox"/> Copy of ID document of the informant
<input type="checkbox"/> DHA - 6 (if applicable)	<input type="checkbox"/> DHA - 1680 (if applicable)
<input type="checkbox"/> Informant	<input type="checkbox"/> Funeral Undertaker

DHA-1663 was submitted by:

Office stamp of DHA