

ANNEXURE 5  
REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
DEATH REPORT

SPACE FOR BAR CODE

[Section 14(1)(b), of Act No. 51 of 1992: Regulation 11(5)]

**A. PARTICULARS OF DECEASED**

**COMPLETE WITH BLACK BALLPOINT PEN**

Identity Number:

Surname:

Forenames:

Date of Birth:    Gender:

Date of Death:

Place of Death:

**B. CAUSE OF DEATH**

1. Full description of circumstances that led to and caused the death: .....
2. Was the deceased ill immediately before his or her death? .....
3. If yes, for how long? .....
4. What was the nature of the illness? .....

**C. CERTIFICATE BY INFORMANT**

I, (full names)

Identity Number  an adult \*Male/Female permanently residing at

hereby declare that -

- (a) I was present at the abovenamed's death/saw the body;\*
- (b) the information furnished under A and B above is to the best of my knowledge and belief true and correct;
- (c) a medical practitioner could not certify the death for the following reasons:

(d) the deceased was my (indicate relationship) .....

Signature: ..... Date: .....

\* Delete whichever is not applicable

**D. CERTIFICATE BY TRADITIONAL LEADER.**

I, the undersigned, hereby certify that the information overleaf is to the best of my knowledge and belief true and correct.

Surname:

Forenames:

Identity Number:

Designation:

Postal Address:

Telephone Number:  Area Code:

Signature: ..... Date: .....

**E. CERTIFICATE BY AUTHORISING OFFICER**

The death report has been checked for correctness and found to be in order/not in order. Registration of the death as a death due to natural causes approved/not approved.

Initials and surname:

Rank:  Persal Number:

Signature: ..... Date: .....

Office Stamp:

