

NOTICE OF DEATH BY TRADITIONAL LEADER

[Births and Deaths Registration Act 51 of 1992]

No. A 171142

[Section 14 (1) (b): Regulation 11 (5)]

To be completed in full and submitted at the Department of Home Affairs' office by the informant or funeral undertaker. The form must be completed in black ink with BLOCK LETTERS and the fingerprints must be attached. Please mark the CORRECT box with ☑, where required. All fields are COMPULSORY. Incomplete, unclear and unreadable applications may not be accepted for registration.

Instructions: Section A to be filled out by traditional leader. Thumbprints of the deceased are compulsory and must be taken by the traditional leader in the presence of the informant. If no fingerprint could be taken, please submit reasons. The Informant must verify, and where necessary, complete in full the personal particulars of the deceased. A. PARTICULARS OF DECEASED Gender MALE 10114 Identity number (passport if foreigner) 6 0 6 OM DKP Date of death Right thumbprint of deceased Date of birth Citizenship RONGO Surname Previous/Maiden surname Forenames BHEPSTOWE Place of death: Province LWAZULU WA7 40CA710M USOMAGOG Residential address: thumbprint of 5 HEPSTONE UNAT Postal code 4 Province K W A Z U L Telephone no. (home) Marital status Married Widowed Divorced Single Gr 10 | Gr 11 Gr 12 Univ Unkno Gr 1 Gr 2 Gr 3 Gr 5 Gr 6 Gr 7 Gr 8 Gr 9 Education level of deceased. Form 1 Form 2 Form 3 Form 4 Form 5 Tech wn ne Specify only the highest class NTC 1 NTC 2 NTC 3 (mark with a tick 🔽 Usual occupation of deceased: work done during most of working Type of business / industry: Not applicable (minor) Do not know Was the deceased a smoker five (5) years before death? Yes **B. CAUSE OF DEATH** (Completed by Informant 1. Provide full description of circumstances that led to the cause of death NATURAL CAUSES 2. Was the deceased ill immediately before his / her death? 755 3. If yes, for how long? 4. What was the nature of the illness? RUNNING TUMMY C. PARTICULARS OF INFORMANT (* Completed by Informant) 2040 Identity number (passport if foreigner) 66071 AFKICAN Citizenship 9660712 FEMA Date of birth Gender YIROMGO Surname Previous / Maiden surname Forenames UMZUMBE 150N AT/ON Residential address: KWAZULUNAM Code 4 70NE Province Cell phone no. 0 5 3 5 9 4 8 6 3 Telephone number (home) SIBLING Parent Child Other Relationship to the deceased: Spouse I, the undersigned, hereby declare under oath that the information submitted in this form and supporting documents is true and correct. I understand that a false

statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

Date signed

20150919 TRAKITIONAL COUNCE

D. DECLARATION BY TRADITIONAL	LEADER		
My role is: Traditional leader			
i, the undersigned, hereby declare that:			(choose the applicable option)
a) I was present at the above-mentioned death / s	saw the body;		
b) I did not witness the death and did not see the	body. The certificate is issued in o	good faith	· .
c) The information furnished under sections A and	d B is to the best of my knowledge	and belief true and	d correct
d) Was the female pregnant?	46		Yes V No Don't know
e) A medical practitioner could not certify the deal		70 THE	MORTUARY BUE
TO FINANCIAL P		70 -7.0	77.070747-7 000
www.i.i.i.	t the information submitted in this f		documents are true and correct. I understand that a false
		Date signed	20780979
Signature	-ENSUNA]	Place signed	MASLALA TRIBAL CORT
E. PARTICULARS OF TRADITIONAL		-	(*Completed by Traditional Leader)
_1, the undersigned, hereby certify that the information pro		ledge and helief true a	
Jentity number 590504	5673 089	1	<u> </u>
Date of birth / 9 5 9 @ 2 @	4 Designation no.] 	- Francisco
Surname MAA(AAAA	7 Designation no.		S O O S O O O O O O O O O O O O O O O O
Forenames MOSES	PMINSLOL		in in the second
Residential address Street 59 43	KWAMABLALA		<u>VO 5:</u>
Town POAT 3	11/8/15/5/5/0/WE	Postal code 4	F240
Province KWAZ ()	EU NATAL	Telephone numb	
	***	Telephone name	MADLALA
	<u> ~ </u>		TRADITIONAL COUNCIL
Date signed 201899999	. 1	/	
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Signature	Jam	V	2010 03 13
Signature			LOCATION No. 5
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F. FORM DELIVERED TO HOME AFFA		്	PO BOX 2454
identity no. (passport if foreigner) 660	712 0407	081	
Identity no. (passport if foreigner) Surname	712 0407 0MG0	081	PO BOX 2454
Identity no. (passport if foreigner) Surname Forenames N Y	712 0407 0NG0 HLE LUCY		PO BOX 2454 PORT SHEPSTONE 4240
Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent	7 1 2 0 4 0 7 0 N G 0 H L E L U C Y Spouse Child	O 9 1 Other, specify	PO BOX 2454
Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Traditional in	7 1 2 0 4 0 7 0 N G 0 H L E L U C Y Spouse Child		PO BOX 2454 PORT SHEPSTONE 4240
Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased G. FOR OFFICIAL USE ONLY	7 1 2 0 4 0 7 ONGO	V Other, specify	PO BOX 2454 PORT SHEPSTONE 4240 SIBLING
Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent Traditional le G. FOR OFFICIAL USE ONLY The information stated above has been checked	7 1 2 0 4 0 7 ONGO	V Other, specify	PO BOX 2454 PORT SHEPS TONE 4240 SIBLING: Need investigation
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Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent Traditional in the information stated above has been checked identity number Surname Forenames Persal no.	7 1 2 0 4 0 7 ONGO	V Other, specify	PO BOX 2454 PORT SHEPS TONE 4240 SIBLING Need investigation Office stamp
Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent Traditional le G. FOR OFFICIAL USE ONLY The information stated above has been checked identity number Surname Forenames Persal no. Rank/Role.	7 1 2 0 4 0 7 ONGO	Other, specify be in order	PO BOX 2454 PORT SHEPS TONE 4240 SIBLING Need investigation Office stamp