



NOTICE OF DEATH BY TRADITIONAL LEADER

[Births and Deaths Registration Act 51 of 1992]

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

No. A 171143

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 [X], 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

Identity number (passport if foreigner) 710114 Gender FEMALE

Date of birth 19710114 Date of death 19760728

Citizenship SOUTH AFRICAN

Surname NYIRONGO

Previous/Maiden surname

Forenames SELINA

Place of death: Town PORT SHEPSTONE

Province KWAZULU NATAL

Residential address: Street DISO MAGOG LOCATION

Town PORT SHEPSTONE UMZUMBE

Province KWAZULU NATAL Postal code 4225

Telephone no. (home)

Marital status: Single Married Widowed Divorced

Education level of deceased, Specify only the highest class	No ne	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	Unkno wn
(mark with a tick [X])	<input checked="" type="checkbox"/>															

Usual occupation of deceased: work done during most of working life

Type of business / industry:

Was the deceased a smoker five (5) years before death? Yes No Do not know Not applicable (minor)

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?
YES

3. If yes, for how long?
ONE DAY

4. What was the nature of the illness?
SEVERE NOSE BLEEDS

C. PARTICULARS OF INFORMANT

(* Completed by Informant)

Identity number (passport if foreigner) 66071 2040 7051

Citizenship SOUTH AFRICAN

Date of birth 19660712 Gender FEMALE

Surname NYIRONGO

Previous / Maiden surname HLENGWA

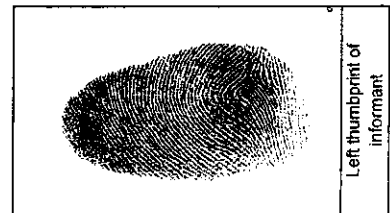
Forenames NOBULE LOEY

Residential address: Street DISO MAGOG LOCATION UMZUMBE

Town PORT SHEPSTONE Province KWAZULU NATAL Code 4225

Telephone number (home) 0835948637 Cell phone no. 0835948367

Relationship to the deceased: Parent Spouse Child Other SIBLING



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.

Signature

Date signed 20180919
Place signed NIABLALA TRADITIONAL COUNCIL
COURT.

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 / saw the body;
- b) I did not witness the death and did not see the body. The certificate is issued in good faith
- c) The information furnished under sections A and B is to the best of my knowledge and belief true and correct
- d) Was the female pregnant? Yes No Don't know
- e) A medical practitioner could not certify the death for the following reasons:

THE BODY WAS NEVER TAKEN TO THE MORTUARY DUE TO FINANCIAL PROBLEMS

I, the undersigned, hereby declare under oath that the information submitted in this form and supporting documents are true and correct. I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

Signature [Signature] [INDUNA] Date signed 20180919 Place signed MABLALA TRIBAL COURT

E. PARTICULARS OF TRADITIONAL LEADER

(*Completed by Traditional Leader)

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

Identity number 390504 5673 059
 Date of birth 19590504 Designation no.
 Surname MABLALA
 Forenames Moses ZAMINBLELA N.
 Residential address Street 5943 UPPER MELVILLE KWANADLALA
 Town PORT SHEPSTONE Postal code 4240
 Province KWAZULUNATAL Telephone number (office)
 Cellphone no. 0764475829
 Date signed 20180919



Left thumbprint of traditional leader or ward councillor

Signature [Signature]

Office Stamp
MABLALA TRADITIONAL COUNCIL
 2018-09-19
 LOCATION No. 5
 PO BOX 2454
 PORT SHEPSTONE 4240

F. FORM DELIVERED TO HOME AFFAIRS OFFICE BY

Identity no. (passport if foreigner) 660712 0407 051
 Surname MYIKONGO
 Forenames NOBUHLE LUCY
 Relationship to the deceased Parent Spouse Child Other, specify SIBLING
 Traditional leader

G. FOR OFFICIAL USE ONLY

The information stated above has been checked for correctness and found to be in order

Identity number
 Surname
 Forenames
 Peral no.
 Rank/Role.

Need investigation

Office stamp

Signature _____ Date signed _____

Documents included with this application: Original ID of Deceased Copy of ID document of the informant
 DHA-1680 was submitted by: Informant Traditional leader