



NOTICE OF DEATH BY TRADITIONAL LEADER

[Births and Deaths Registration Act 51 of 1992]

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

No. A 171141

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

Identity number (passport if foreigner) 670711 Gender MALE

Date of birth 19670711 Date of death 19750309

Citizenship SOUTH AFRICAN

Surname NYIRONGO

Previous/Maiden surname

Forenames SIMPHWE

Place of death: Town PORT SHEPSTONE

Province KWAZULUNATAL

Residential address: Street DISO MAGOG LOCATION

Town PORT SHEPSTONE

Province KWAZULUNATAL 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 <input checked="" type="checkbox"/>)				<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 WEEK

4. What was the nature of the illness? LOCKED JAWS

C. PARTICULARS OF INFORMANT (* Completed by Informant)

Identity number (passport if foreigner) 66071 2040 7081

Citizenship SOUTH AFRICAN

Date of birth 19660712 Gender FEMALE

Surname NYIRONGO

Previous / Maiden surname PLENGNA

Forenames NOBUHLE LUCY

Residential address: Street DISO MAGOG LOC. UMZUMBE

Town PORT SHEPSTONE Province KWAZULUNATAL Code 4225

Telephone number (home) Cell phone no. 0835948637

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 [Signature] Date signed 20180919
Place signed MABALA TRADITIONAL COUNCIL COURT

