Signature

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 Ø, 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 M & L Identity number (passport if foreigner) Date of death Ø 0 7 Right thumbprint of deceased Date of birth K F R AN Citizenship Surname Previous/Maiden surname Forenames 3 14 5 P3 T 0 10 T Place of death: WAZULUPATAL GOV TADOU MKGOG Residential address: SKOT H E Province KWK2 AL Telephone no. (home) Single Widowed Divorced Marital status Gr 10 | Gr 11 Gr 12 Univ Unkno No Gr R Gr 1 Gr 2 Gr 3 Gr 5 Gr 6 Gr 7 Gr 8 Gr 9 Education level of deceased. Specify only the highest class Form 1 Form 2 Form 3 Form 4 Form 5 Tech wn 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) Was the deceased a smoker five (5) years before death? Do not know Yes **B. CAUSE OF DEATH** *(Completed by Informant) 1. Provide full description of circumstances that led to the cause of death JATURKL CLUSES 2. Was the deceased ill immediately before his / her death? 155 3. If yes, for how long? DNE WEEK 4. What was the nature of the illness? LUCKED JANS C. PARTICULARS OF INFORMANT (* Completed by Informant) 2040 Identity number (passport if foreigner) 6071 Citizenship Date of birth 6 6 6 Gender 120140 Surname NGW Previous / Maiden surname Forenames 11M12UM168 Residential address: 606 LOC アウルと Province KWAZULUNATAL Code 4 Town F Telephone number (home) Cell phone no. C 8 3 9 9 4 V Other SIBLING Child Relationship to the deceased: Parent 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 20180919 Place signed MKBLALA TRABITIONAL COUNCIL

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 goo	d faith	
c) The information furnished under sections A an	d B is to the best of my knowledge ar	d belief true and correct	
d) Was the female pregnant?			Yes No Don't know
e) A medical practitioner could not certify the dea		700 TUC Mar	
THE BUSY WAS N	EVER THREN	TO THE MOD	GUHFY OUE
THE BOBY WAS NEVER TAKEN TO THE MORTUARY DUE TO FINANCIAL PROBLEMS			
f, 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.			
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was		Date signed 20	LALA TRIBAL COURT
Signature 1777	INDUNA	Place signed M/A	LALA TRIBAL COURT
E. PARTICULARS OF TRADITIONAL	LEADER	(*Complet	ted by Traditional Leader)
لُــ, the undersigned, hereby certify that the information pr	ovided above is to the best of my knowledg	ge and belief true and correct	
dentity number 5 9 0 5 0 4	5673089		o and and a second a second and
Date of birth (9 5 9 0 5 0	Gesignation no.		raditi
Surname MABLALA			nt of t
Forenames M0325	KMINBLELK	. N	Left thumbprint of traditional
Residential address Street 6 9 4 3	LWAMA BUALA	LOC. NO 5	t thum
Town PORT	SHUPSTONE	Postal code 4 2 4	0 3
Province KWAZU	LU NATAL	[elephone number (office	0764475629
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Celiphone no. 07644758 Date signed 2088 0919	[2[9]]		MADLALA
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Date signed 20 x 8 0 9 1 9 Signature	Mala	081	2018 -09- 1 9 LOCATION No. 5
Date signed 2 0 x 5 0 9 1 9 Signature F. FORM DELIVERED TO HOME AFF	AIRS OFFICE BY	081	TRADITIONAL COUNCIL 2018 -09- 1 9
Signature F. FORM DELIVERED TO HOME AFF. Identity no. (passport if foreigner)	AIRS OFFICE BY 7 1 2 0 4 0 7		TRADITIONAL COUNCIL 2018 -09- 1 9 LOCATION No. 5 PO BOX 2454 PORT SHEPSTONE 4240
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Signature F. FORM DELIVERED TO HOME AFF. Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent	AIRS OFFICE BY 7 1 2 0 4 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		TRADITIONAL COUNCIL 2018 -09- 1 9 LOCATION No. 5 PO BOX 2454 PORT SHEPSTONE 4240
Signature F. FORM DELIVERED TO HOME AFF. Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent Traditional	AIRS OFFICE BY 7 1 2 04 0 7 OMGO H C C C C Y Spouse Child V eader	Other, specify \$18L/	TRADITIONAL COUNCIL 2018 -09- 1 9 LOCATION No. 5 PO BOX 2454 PORT SHEPSTONE 4240
Signature F. FORM DELIVERED TO HOME AFF. Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Traditional G. FOR OFFICIAL USE ONLY	AIRS OFFICE BY 7 1 2 04 0 7 OMGO H C C C C Y Spouse Child V eader	Other, specify \$18L/	TRADITIONAL COUNCIL 2018 -09- 1 9 LOCATION No. 5 PO.BOX 2454 PORT SHEPSTONE 4240 NG
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Signature F. FORM DELIVERED TO HOME AFF. Identity no. (passport if foreigner) Surname Forenames Relationship to the deceased Parent Traditional G. FOR OFFICIAL USE ONLY The information stated above has been checked identity number Surname Forenames Persal no. Rank/Role.	AIRS OFFICE BY 7 1 2 04 0 7 OMGO H C C C C Y Spouse Child V eader	Other, specify 518L/	TRADITIONAL COUNCIL 2018 -09- 1 9 LOCATION No. 5 PO BOX 2454 PORT SHEPSTONE 4240 Need investigation Office stamp