REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS

APPLICATION FOR DUPLICATE/FULL BIRTH CERTIFICATE

ID NO.: / / / / / / / / / / / / /

Surname: _____

Maiden Name: _____

First Names in Full: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____

Surname of Father: _____

First Name: _____

Date of Birth: _____ Place of Birth: _____

First Names of Mother: _____

Date of Birth: _____ Place of Birth: _____

Surname of Mother: _____ Maiden Name: _____

Are the parents legally married? Yes/No

If yes place of marriage: _____ Date of marriage: _____

Mark with a cross (x) where applicable:

( ) Abridged Certificate ( ) Full Certificate

Purpose for which the certificate is required: _____

_____

Names: _____

Address: _____ Tel: _____

Signature: _____ Date: _____