

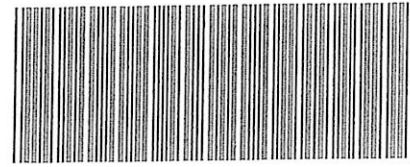


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

**NOTICE OF DEATH / STILLBIRTH**

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



16631462817

To be completed in full and submitted at the Department of Home Affairs office by the informant or authorised funeral undertaker. The form to be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark with  the CORRECT box, where required. All fields are **COMPULSORY**. Incomplete applications and applications that are not legible may be considered invalid. (Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

**A. PARTICULARS OF THE DECEASED**

Instructions: Section A to be filled out by Authorised Medical Practitioner / Professional Nurse, who is responsible for examining the body to determine the cause of death. The Informant must verify, and where necessary, complete in full the personal particulars and other information of the deceased below.

1. Was this a death or a stillbirth?  1.1 Death  1.2 Stillbirth

2. Identification of the deceased (tick one box):

- 2.1 The deceased was identified with an ID document / passport (if foreigner) produced by the family
- 2.2 Stillborn child
- 2.3 The features of the deceased do not seem to match the features on the ID document or passport of deceased
- 2.4 ID document or passport of the deceased was not presented. The deceased was identified through word of mouth
- 2.5 The deceased was already buried prior to the completion of this form
- 2.6 The deceased was unidentifiable:
  - 2.6.1 Burnt
  - 2.6.2 Decomposed
  - 2.6.3 Other (specify) \_\_\_\_\_
  - 2.6.4 DNA samples retrieved for identification purposes
  - 2.6.5 Dental records taken for identification purposes



Left thumbprint of deceased



Right thumbprint of deceased

3. Date of Death / stillbirth

20251002

4.1 Place of Death/stillbirth (City/Town/Village)

UPINGTON

4.2 Province of Death/stillbirth

NORTHERN CAPE

5. Place of Registration of Death / stillbirth

UPINGTON

3. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

3. Identity No. (Passport No. if foreigner)

8412105273089

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

YYYYMMDD

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

GLOENENALD

13. Previous / Maiden Surname

14. Forenames

IVAN

15. Usual\* Residential Address: Street

10 HENDRIK VAN WYK

Town

UPINGTON

Province

NORTHERN CAPE

Postal code

8801

16. Citizenship

SACITIZEN

16.1 Place of Birth (City / Town / Village)

UPINGTON

or Country of Birth, if abroad

16.2 Province of Birth

NORTHERN CAPE

17. Marital Status of the deceased

17.1 Single

17.2 Married

17.3 Widowed

17.4 Divorced

18. Education level of deceased, (Specify only the highest class completed)

None	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	Un- Known
<input checked="" type="checkbox"/>															

(mark with a )

19. Usual occupation of deceased (type of work done during most of working life)

UNEMPLOYED

20. Type of business / industry: (mark with a )

1. Agriculture, hunting, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	8. Financial intermediation, insurance, real estate and business services	9. Community, social and personal services	10. Private households, extritorial organisations, representatives of foreign governments & other activities not adequately defined

21. Was the deceased a regular\*\* smoker five years ago? (mark with a )

21.1 Yes

21.2 No

21.3 Do not know

21.4 Not applicable (minor)

\*Where the deceased lived on most days. \*\*Smoking tobacco on most days.



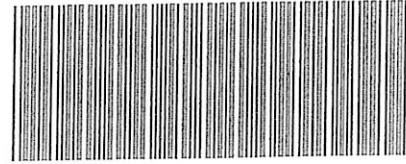


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E. PARTICULARS OF FUNERAL UNDERTAKER

Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the informant. Authorised Funeral Undertaker or Informant may submit the completed form to the nearest Home Affairs office.

17. Name of Funeral Parlour AVBOB

18. DHA Designation No. UBD1830/2022 49. Company Reg. No. 194502006906

30. SARS Reg. No. (Income tax reference no.) 4490108520

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 9601010095082

52. Surname WILLIAMS

53. Forenames NAOLA

54. Business Address  
 Street 69 MARK STRAAT 69  
 Town UPINGTON  
 Province N. CAPE Postal Code 8801

Telephone No. (Office) 0543211187 Cellphone No. \_\_\_\_\_

55. Date of collection of corpse 20251002 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) UPINGTON Province \_\_\_\_\_

58. Date of Burial Y Y Y Y M M D D 59. Grave No. (if available) \_\_\_\_\_



Left thumbprint of funeral undertaker

Place signed UPINGTON  
 Date signed 20251002 Signature \_\_\_\_\_

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 9601010095082

61. Surname WILLIAMS

62. Forenames NAOLA

Place signed UPINGTON  
 63. Date signed 20251002 Signature \_\_\_\_\_

Office stamp of funeral undertaker  
**AVBOB Upington**  
 Mark Straat 69  
 054 332 1294 / 066 250 5841  
 upington@funeral.avbob.co.za

F. FOR OFFICIAL USE ONLY

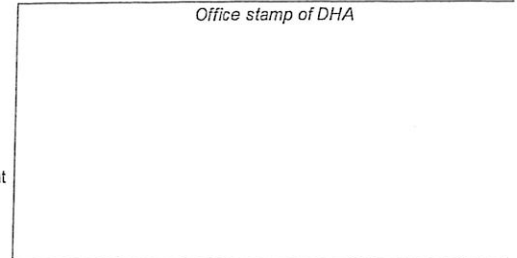
Registration of death approved, DHA-1663 received by (particulars of DHA official):

64. Surname \_\_\_\_\_

65. Forenames \_\_\_\_\_

66. Persal No. \_\_\_\_\_

Documents included with this notice:  Copy of the deceased's ID  Copy of ID document of the informant  
 DHA - 6 (if applicable)  DHA - 1680 (if applicable)  
 DHA-1663 was submitted by:  Informant  Funeral Undertaker







# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 9593868

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

## ABRIDGED

## DEATH CERTIFICATE

IDENTITY NUMBER: 841210 5273 08 9

SURNAME: GROENEWALD

FIRST NAMES: IVAN

DATE OF BIRTH: 1984-12-10

GENDER: MALE

MARITAL STATUS: NEVER MARRIED

DATE OF DEATH: 2025-10-02

PLACE OF DEATH: UPINGTON

CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-06

ISSUED BY: YDC257

*Gordon L. Loupington*  
1 DIRECTOR-GENERAL: HOME AFFAIRS



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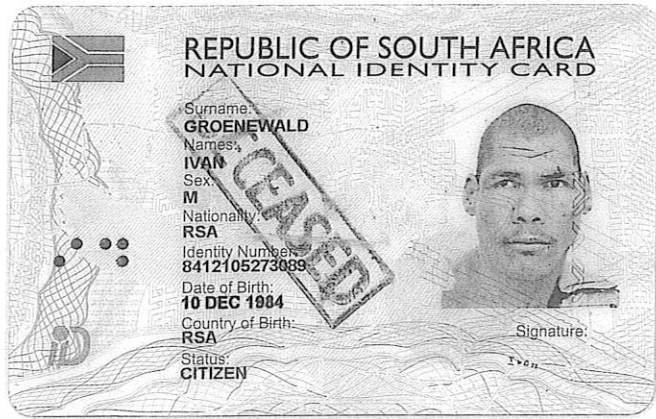
REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



2025-10-07

MARTIN'S FUNERALS  
53 SCOTT STR, UPINGTON  
UPT2005/10  
054 331 3603



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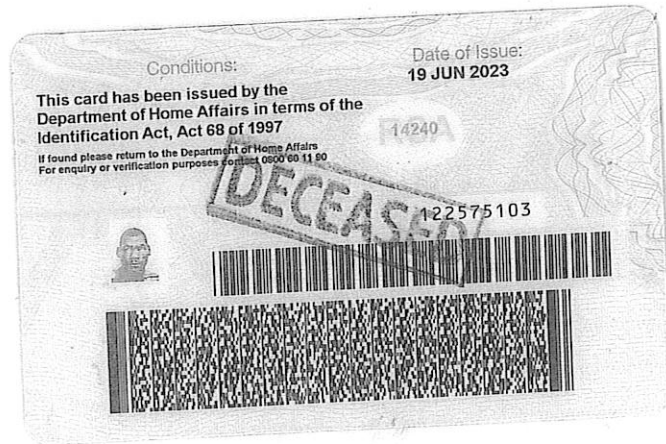
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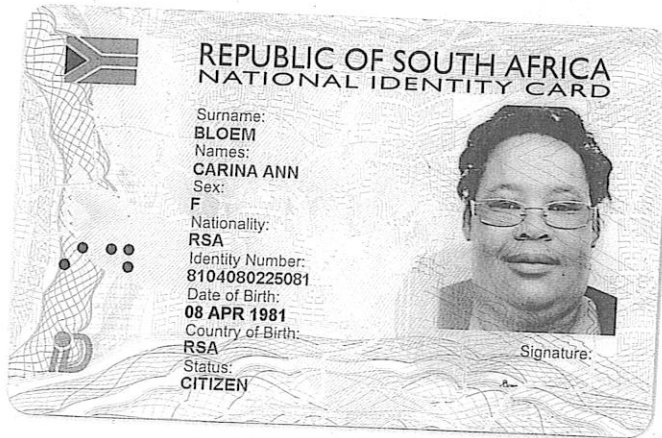
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