

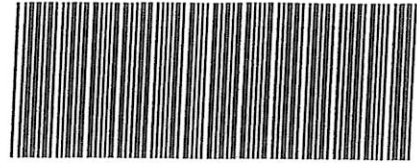


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I462815

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

3. Date of Death / stillbirth

20250929

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

ROSEDALE WP/1M970M

4.2 Province of Death/stillbirth

NORTHWEST CAPE

5. Place of Registration of Death / stillbirth

WP/1M970M

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

NA

7. Home telephone no.

0649896923

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

6103180798980

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

ROPERAAL

13. Previous / Maiden Surname

DAVIDS

14. Forenames

SARAH

15. Usual\* Residential Address:

Street: BARBOSA BASIE ROSE 12

Town: ROSEDALE

Province: NORTHWEST CAPE

Postal code: 8800

16. Citizenship

SOUTH AFRICA

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

WP/1M970M

16.2 Province of Birth

NORTHWEST 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)

DOMESTIC WORKER

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, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined

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.

HANDTEKENING/SIGNATURE

MAGSNOMMER  
FORCE NO.

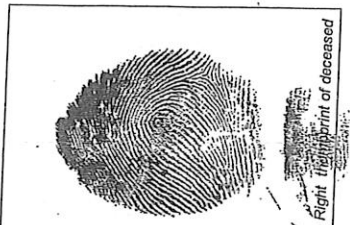
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NAAM IN DRUKSKRIEF  
NAME IN PRINT

Johannes J. ...

SOUTH AFRICAN POLICE SERVICE  
ADMINISTRATION SERVICES  
REGISTRY & ARCHIVES  
2025-09-29  
SOUTH AFRICAN POLICE SERVICE





REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]  
[Regulations 11 and 14]



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IK (AFS)  
ENEMINE  
REMINGS,  
OP DIE OORSPRONKLIKE DOKUME

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**B. CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

Instructions: Section B to be filled out by the same Medical Practitioner / Professional Nurse who completed Section A.

- 22.1 I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to Natural Causes
- 22.2 I, the undersigned, am not in a position to certify that the deceased died exclusively due to Natural Causes

Particulars of the Medical Practitioner / Professional Nurse who filled out the form:

23. HPCSA Registration No. 21152539

24. Surname: Strauss

25. Forenames: Maria Sagarlewe Jacob

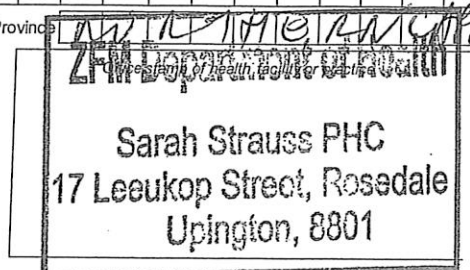
26. Name of Health Facility / Practice: Sarah Strauss 27. Facility / Practice No. 15799273

28. Business Address: Street 17 Leeukop Street Town Rosedale Province North West

Telephone No. (Office) 0613564093 Postal Code 8801

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and declare that the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated in paragraph 22 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed UPTINGTON  
Date signed 20250925 Signature [Signature]



**C. CERTIFICATE BY MEDICAL PRACTITIONER/ FORENSIC PATHOLOGIST**

Instructions: Section C to be filled out by Medical Practitioner or Forensic Pathologist, who is conducting medico-legal investigation of death.

29. I, the undersigned, hereby certify that a medico-legal investigation of death has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and the cause of death is:

- 30.1 Natural
- 30.2 Unnatural
- 30.3 Under investigation

31. Date of Post-mortem: Y Y Y Y M M D D

32. Name of Medico-legal Mortuary: [Blank] 33. Mortuary No. [Blank]

34. Mortuary Reference Number of Deceased: [Blank]

35. SAPS Case No. [Blank] 36. Name of Police Station: [Blank]

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

36.1 HPCSA Registration No. [Blank]

37. Surname: [Blank]

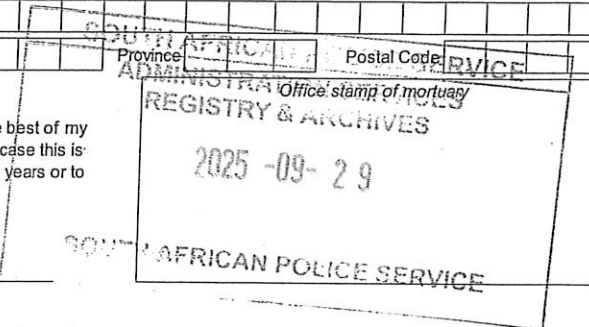
38. Forenames: [Blank]

39. Business Address: Street [Blank] Town [Blank] Province [Blank]

Telephone No. (Office) [Blank]

I, the undersigned, hereby certify that I examined the body of the deceased named in section A and the deceased, to the best of my knowledge and belief, died solely and exclusively due to natural or unnatural causes as indicated on paragraph 29 and in case this is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Place signed [Blank]  
Date signed Y Y Y Y M M D D Signature [Blank]



**D. PARTICULARS OF INFORMANT**

Instructions: Section D to be completed by informant. Informant is responsible for certifying the identity of the deceased.

0. Identity No. (Passport No. if foreigner) 7902045189081 41. Date of Birth 19790204

2. Citizenship: South Africa

3. Surname: KOPRAAL

4. Forenames: Lucas

5. Residential Address: Street 12 Basie Rose Town Rosedale Province North West Postal Code 8801

Telephone No. (Home) 0649896923 Cellphone No. 0649896923

The Deceased is my:  46.1 Parent  46.2 Spouse  46.3 Child  46.4 Other, Specify [Blank]



I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or to both such fine and such imprisonment (Section 31(1)(b) of the Act 51 of 1992).

Signature [Signature]





# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 9593781

83/DHA - 5

ABRIDGED

PARTICULARS FROM THE POPULATION REGISTER

## DEATH CERTIFICATE

IDENTITY NUMBER: 610318 0798 08 0  
 SURNAME: KOPERAAL  
 FIRST NAMES: SARAH  
 DATE OF BIRTH: 1961-03-18  
 GENDER: FEMALE  
 MARITAL STATUS: MARRIED  
 DATE OF DEATH: 2025-09-24  
 PLACE OF DEATH: UPINGTON  
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-09-25

ISSUED BY: YDC241

*[Handwritten Signature]*  
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG 1085  
 2025-09-25  
 UPINGTON 8800  
 DR. HARRY SURTIE HOSPITAL (00)



I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (KOPIE) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

DATE/TAKENING/SIGNATURE  
 21/09/25 RANG  
 RANK  
*[Handwritten Signature]*

SOUTH AFRICAN POLICE SERVICE  
 ADMINISTRATION SERVICES  
 REGISTRY & ARCHIVES  
 2025-09-29  
 SOUTH AFRICAN POLICE SERVICE

DECEASED



REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname: KOPERAAL  
Names: SARAH  
Sex: F  
Nationality: RSA  
Identity Number: 6103180798080  
Date of Birth: 18 MAR 1961  
Country of Birth: RSA  
Status: CITIZEN



Signature:

UNABLE TO SIGN

SOUTH AFRICAN POLICE SERVICE  
ADMINISTRATION SERVICES  
REGISTRY & ARCHIVES  
2025-08-29  
SOUTH AFRICAN POLICE SERVICE

This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1997

Date of Issue  
08 OCT 2015

Please return to the Department of Home Affairs  
for enquiry or verification purposes contact 0800 60 11 60

RSA

DECEASED



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VERANDERING OP DIE OORSPRONKLIEKE DOKUMENT AANGE-  
BRING IS NIE.  
I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPIED FROM THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION) (OR I CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.)  
.....  
HANTEKENING/SIGNATURE  
21132534 RANG RANK  
NAME IN PRINT Johannes J. J. J.

