

AWIE BOESAK



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J077186

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

20250926

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

DOUGLAS

4.2 Province of Death/stillbirth

NC

5. Place of Registration of Death / stillbirth

DOUGLAS

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

7. Home telephone no.

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

4112255001089

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19770205

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

12. Surname

BOESAK

13. Previous / Maiden Surname

14. Forenames

AWIE

15. Usual Residential Address: Street

ICERUGGONDIE BUCKLAMNS

Town DOUGLAS

Province NC

Postal code 8130

16. Citizenship

SAC

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

DOUGLANDS

16.2 Province of Birth

NC

17. Marital Status of the deceased

17.1 Single

17.2 Married

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	Gr 9 Form 2	Gr 10 Form 3	Gr 11 Form 4	Gr 12 Form 5	Univ Tech	Un-Known

(mark with a)

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

ARBEIDERS

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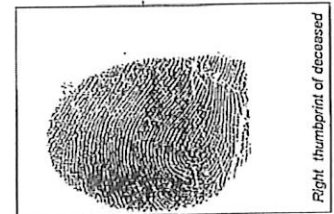
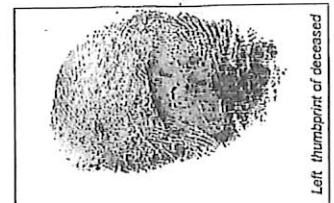
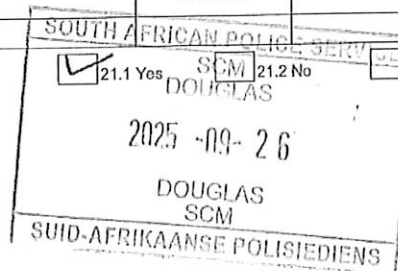
21. Was the deceased a regular** smoker five years ago? (mark with a)

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.



Handwritten notes and stamps: "Ik sertifiseer dat hierdie dokument 'n ware afruk (afskrif) is van die oorspronklike dokument wat aan my vir verandering voorgelê is. ek sertifiseer verder dat volgens my waarnemings daar nie 'n wysigting of verandering op die oorspronklike dokument aangebring is nie. I certify that this document is a true reproduction (copy) of the original document which was handed to me for authentication. I further certify that from my observations an amendment to the original document has not been made." Includes a signature and a date stamp.



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
NOTICE OF DEATH / STILLBIRTH
[Births and Deaths Registration Act 51 of 1992]
(Regulations 11 and 14)



1663J077186

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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. 073405

24. Surname CARRASO BRUNO

25. Forenames IR YANOS

26. Name of Health Facility / Practice Hospitaal Koningin Maud Hospitaal

27. Facility / Practice No. 073405

28. Business Address: Street Wynberg Wynberg Wynberg

Town Douglas Douglas Douglas

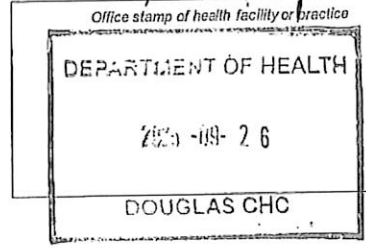
Province North West

Telephone No. (Office) 053 915 2573 Postal Code 8730

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 Douglas CHC
Date signed 2025 09 26

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

33. Mortuary No. 2025-09-26

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station

36.1 HPCSA Registration No.

Particulars of the Medical Practitioner / Forensic Pathologist

37. Surname

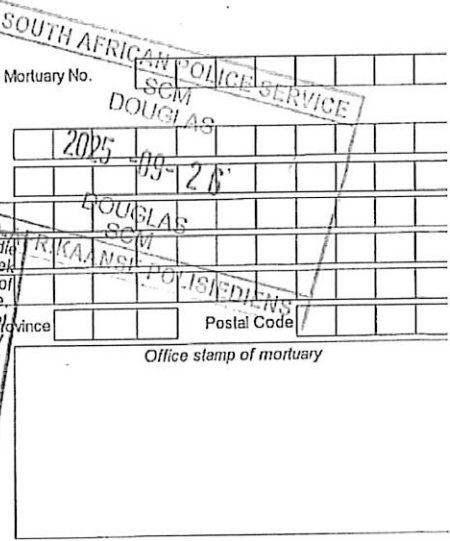
38. Forenames

39. Business Address: Street

Town

Telephone No. (Office)

Ek sertifiseerde forensiese dokter wat die dokument n wrae afruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgeleë is. I certify that this document is a true reproduction (copy) of the original document which was handed to me for authentication. In furtherance of that from my observations in an amendment of charge was not made to the original document.



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 in 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
Date signed Y Y Y Y M M D D

Signature

D. PARTICULARS OF INFORMANT

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

40. Identity No. (Passport No. if foreigner) 7309151346083

41. Date of Birth 19930915

42. Citizenship BAC

43. Surname WILLIAMS

44. Forenames BIANCA

45. Residential Address: Street BUCKLANDS KERKGRONDE

Town DOUGLAS

Province NC

Postal Code 8730

Telephone No. (Home) 0796649011

46. The Deceased is my: 46.1 Parent 46.2 Spouse 46.3 Child 46.4 Other, Specify



Left thumb print of informant

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 B Williams

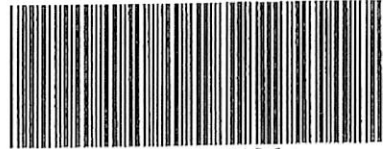
Date signed 20250926

Douglas



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH
[Births and Deaths Registration Act 51 of 1992]
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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)

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 MOGODI FUNERAL SERVICES

18. DHA Designation No. KN 33 49. Company Reg. No. 4620183308

30. SARS Reg. No. (Income tax reference no.) 0373100117617

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 8606075555082

52. Surname NOTIHALEEMAN

53. Forenames THAPELO

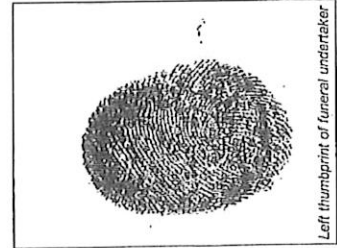
54. Business Address
Street 5 BOWKER
Town DOUGLAS
Province N/C Postal Code 8730

Telephone No. (Office) 0664590735 Cellphone No. 0762214940

55. Date of collection of corpse 20250925 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) _____ Province N/C

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



Place signed Buckland
Date signed 20250925 Signature [Signature]

Name of person who collected the deceased:

30. Identity No. (Passport No. if foreigner) 8606075555082

31. Surname NOTIHALEEMAN

32. Forenames THAPELO

Place signed Buckland
Date signed 20250925 Signature [Signature]

MOGODI FUNERAL SERVICES
BOWKER STREET DOUGLAS
2025-09-25
TEL: (053) 289 1298
PO BOX 2403 KURUMAN 8460
PR NO KV33

F. FOR OFFICIAL USE ONLY

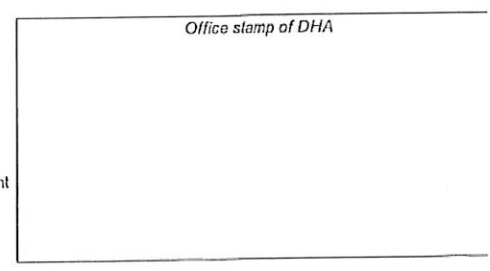
Registration of death approved, DHA-1663 received by (particulars of DHA official):

34. Surname _____

35. Forenames _____

36. 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



Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgeleë is. Ek sertifiseer verder dat volgens my waarernings daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie. I certify that this document is a true reproduction (copy) 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.

Handtekening/Signature: [Signature] Rang COJ
Magisnommer 7254234 Rank _____
Force number _____
Name in Dutch Walter G. G. G. G.
Name in English _____

SOUTH AFRICAN POLICE SERVICE
SCM DOUGLAS
2025-09-26
DOUGLAS SCM
SUID-AFRIKAANSE POLISIEDIENS



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

G 9027896

83/DHA - 5


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

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 711225 5001 08 9
 SURNAME: BOESAK
 FIRST NAMES: AWIE
 DATE OF BIRTH: 1971-12-25
 GENDER: MALE
 MARITAL STATUS: NEVER MARRIED
 DATE OF DEATH: 2025-09-25
 PLACE OF DEATH: DOUGLAS
 CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-09-29

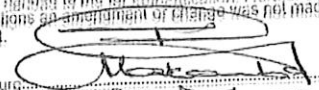
ISSUED BY: YOG104


 B. E. Witsoul
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
 481 SOUTHEY STREET
 DOUGLAS 8730
 2025-09-29
 P. O. BOX 407
 DOUGLAS 8730



Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgeleë is. Ek sertifiseer verder dat volgens my waarnemings dat die 'n wisseling of verandering op die oorspronklike dokument aangetreë is nie. I certify that this document is a true and correct copy 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.


 M. Makamba
 Handtekening/Signature: _____ Rang _____
 Mag/Number: _____ Force number _____
 Name to Print: THEMBAZI MAKAMBA

SOUTH AFRICAN POLICE SERVICE
 SCM
 DOUGLAS
 2025-09-29
 DOUGLAS
 SCM
 SUID-AFRIKAANSE POLISIEDIENS



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



Annexure 16
BURIAL ORDER
[Births and Deaths Registration Act 51 of 1992]

[Regulation 16]

The form to be completed in BLACK INK with BLOCK LETTERS. Please mark with the CORRECT box, where required by the HOME AFFAIRS OFFICIAL

Date of Issue
 Serial number of DHA-1663 Bar-code number of DHA-1663

A. PARTICULARS OF DECEASED

Identity number Date of birth
 Passport number (if foreigner) Date of death
 Citizenship Sex
 Surname
 Previous or Maiden surname
 Forenames
 Place of death: City/Town Province
 Place of burial: City/Town Province
 Cause of death Natural Unnatural Under investigation

B. AUTHORITY FOR BURIAL OF CORPSE

This certificate grants the authority for the burial of the corpse from the magisterial district in which the death occurred or at the magisterial district where the burial will take place.

C. FOR OFFICIAL USE ONLY

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official) **DEPARTMENT OF HOME AFFAIRS**
 481 SOUTHEY STREET
 DOUGLAS 8730
 2025-09-29
 P. O. BOX 407
 DOUGLAS 8730

Surname
 Forenames
 Persal No.

Documents included with this notice: Copy of the deceased's ID/passport Copy of ID document/passport of the informant
 DHA-1663 was submitted by: Informant Funeral Undertaker

Identity Number of Recipient: Identity number
 If Funeral Undertaker: Designation number
 Signature of recipient B Williams Date received

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Suriname: BOESAK
Names: AWIE
Sex: M
Nationality: RSA
Identity Number: 7112255001089
Date of Birth: 25 DEC 1971
Country of Birth: RSA
Status: CITIZEN

Signature: AWIE

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

Date of Issue: 25 AUG 2017

If found please return to the Department of Home Affairs
For enquiry of validity contact 021 460 1234

107271643


Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgelê is. Ek sertifiseer verder dat volgens my waarnemings daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie. I certify that this document is a true reproduction (copy) of the original document which was laid to me for authentication. I further certify that from my observations an amendment or change was not made to the original document.

Handtekening/Signature: *Makamba*
Magsnommer/Rang: *SP57*
Force number/Grade:
Name in Print: *THEBIZANI Makamba*

SOUTH AFRICAN POLICE SERVICE
SCM
DOUGLAS
2025 -09- 2:9
DOUGLAS
SCM
SUID-AFRIKAANSE POLISIEDIENS

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VISSER
 Names:
RACHAEL
 Sex:
F
 Nationality:
RSA
 Identity Number:
6710100907085
 Date of Birth:
10 OCT 1967
 Country of Birth:
RSA
 Status:
CITIZEN



Signature:
R. Visser

Ek sertifiseer dat hierdie dokument 'n ware afdruk (afskrif) is van die oorspronklike dokument wat aan my vir waarneming voorgelê is. Ek sertifiseer verder dat volgens my waarnemings daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie.
 I certify that this document is a true reproduction (copy) 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.

Handtekening/Signature: *[Signature]*
 Magsnommer: *2354234* Rang: *CO*
 Force number: *2354234* Rank: *CO*
 Naam in Drukskrif: *Molale G. G. G. G.*

SOUTH AFRICAN POLICE SERVICE
 SCM
 DOUGLAS
 2025 -09- 26
 DOUGLAS
 SCM
SUID-AFRIKAANSE POLISIEDIENS

Conditions: Date of Issue: 24 AUG 2017

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

If found please return to the Department of Home Affairs
 For enquiry or verification purposes contact 0800 80 11 90

RSA

107298954



