



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J294443

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)

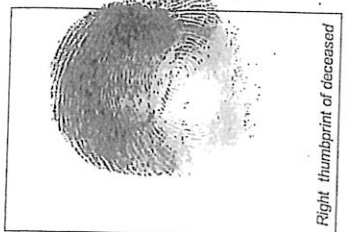
PARTICULARS OF THE DECEASED

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.

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

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



Date of Death / stillbirth

1 Place of Death/stillbirth (City/Town/Village) **UPINGTON**

2 Province of Death/stillbirth **NORTHERN CAPE**

Place of Registration of Death / stillbirth **UPINGTON**

If death occurred within 24 hours after birth, number of hours alive 7. Home telephone no.

Identity No. (Passport No. if foreigner) **7010156225080** 9. Age at last birthday if DOB is unknown

1. Date of Birth if there is no ID number **19701005** 11. Gender 11.1 Male 11.2 Female 11.3 Indeterminable

2. Surname **SPANNEBERG**

3. Previous / Maiden Surname

4. Forenames **CHARLES PATRICK**

5. Usual* Residential Address: Street **KAL KOENBOS STR 54**

Town **UPINGTON**

Province **NORTHERN CAPE** Postal code **8401**

6. Citizenship **SA CITIZEN**

7.1 Place of Birth (City / Town / Village) **UPINGTON**

Country of Birth, if abroad

7.2 Province of Birth **NORTHERN CAPE**

8. Marital Status of the deceased 17.1 Single 17.2 Married 17.3 Widowed 17.4 Divorced

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"/>					

9. Usual occupation of deceased (type of work done during most of working life) **GENERAL WORKER**

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

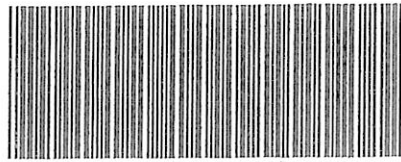
1. Agriculture, mining, forestry and fishing	2. Mining and quarrying	3. Manufacturing	4. Electricity, gas and water supply	5. Construction	6. Wholesale and retail trade; repair of motor vehicles, motor cycles and personal and household goods; hotels and restaurants	7. Transport, storage and communication	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
									<input checked="" type="checkbox"/>

11. 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)

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



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DEPARTMENT OF HOME AFFAIRS



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Note: The fingerprints of the deceased, the informant and the undertaker must be taken by the undertaker)

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.

1. Name of Funeral Parlour **AV BOB**

2. DHA Designation No. **43018300/2022** 49. Company Reg. No. **174502006906**

3. SARS Reg. No. (Income tax reference no.) **4490108570**

Particulars of Funeral Undertaker or Authorised Representative

1. Identity No. (Passport No. if foreigner) **9401010095082**

2. Surname **WILLIAMS**

3. Forenames **NADIA**

4. Business Address Street **67 MARK STREET**

Town **UPINGTON**

Province **N. CAPE** Postal Code **8801**

Telephone No. (Office) **0543321181** Cellphone No. _____

5. Date of collection of corpse **20251030** 56. Date of Cremation (if applicable) **Y Y Y Y M M D D**

7. Place of Burial (City / Town / Village) **UPINGTON** Province _____

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

Place signed **UPINGTON**
Date signed **20251030** Signature



Name of person who collected the deceased:

1. Identity No. (Passport No. if foreigner) **9401010095082**

2. Surname **WILLIAMS**

3. Forenames **NADIA**

Place signed **UPINGTON**
Date signed **20251030** Signature

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

FOR OFFICIAL USE ONLY

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

4. Surname _____

5. Forenames _____

3. 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)
 - Informant
 - Funeral Undertaker

HA-1663 was submitted by:

Office stamp of DHA

NOTICE OF DEATH / STILLBIRTH

Confirmation for Medical and Health use Only

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 [X] 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)



1663J294443

D TO POINT

FOLD TO THIS POINT

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 7010156225080 File no S24 Date 31/10/2015 DHA-1663 B Page 1 of 1

G. MEDICAL CERTIFICATE OF CAUSE OF DEATH

Instructions: Section G is to be filled out by Medical Practitioner / Professional Nurse / Forensic Pathologist, who has determined the cause of death

PARTICULARS OF DECEASED

Form fields for deceased particulars: 67. Identity No. (Passport No. if foreigner) 7010156225080, 68. Gender [X] 68.1 Male, 69. Surname SPANNEBERG, 70. Forenames CHARLES PATRICK, 71. Population Group [X] 71.4 Coloured, 72. Place of Death [X] 72.5 At home, 73. Name of Health Facility/Practice SALAN STRAUSS PHC, 74. Facility Contact Telephone No. incl. Area Code 0543399096, 75. Patient File No. S294, 76. Contact Person at Facility: Surname JOSEPH, Forenames EVAN STEVEN STEPHANUS, Role/Rank PROFESSIONAL NURSE

G.1 FOR DEATHS OCCURRING AFTER ONE WEEK OF BIRTH

Instructions: Section G.1 is to be completed for all deaths that occurred after one week of birth

77. CAUSES OF DEATH

Form fields for causes of death: Part 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (final disease or condition resulting in death) a) NATURAL CAUSES. Due to (or as a consequence of) b) c) d) Part 2 Other significant conditions contributing to death but not resulting in underlying cause given in Part 1 78. If a female, was she pregnant at the time of death or up to 42 days prior to death? [X] 82.1 Yes [] 82.2 No 79. Method used to ascertain the cause of death (tick all that apply): [] 79.1 Autopsy [] 79.2 Post mortem examination [] 79.3 Opinion of attending medical practitioner [] 79.4 Opinion of attending medical practitioner on duty [X] 79.5 Opinion of registered professional nurse [] 79.6 Interview of family member [] 79.7 Other (specify)

G.2 FOR STILLBIRTHS AND DEATHS OCCURRING WITHIN ONE WEEK OF BIRTH (PERINATAL DEATHS)

Instructions: Section G.2 is to be completed for all stillbirths and deaths that occurred within one week of birth (perinatal deaths)

Form fields for perinatal deaths: Mother 80. Identity Number, 81. Date of Birth Y Y Y Y M M D D, 82. Age of last birthday/ DOB unknown, 83. Number of previous pregnancies resulting in: 83.1 Live births, 83.2 Stillbirths, 83.3 Abortions, 84. Outcome of last previous pregnancy (tick one): [] 84.1 Live birth [] 84.2 Stillbirth [] 84.3 Abortion, 85. Date of last previous delivery Y Y Y Y M M D D, 86. First day of last menstrual period Y Y Y Y M M D D, Or, if unknown, estimated duration of pregnancy (in completed weeks), 87. Method of delivery: [] 87.1 Spontaneous [] 87.2 Forceps delivery [] 87.3 Forceps and rotation [] 87.4 Vacuum extractor [] 87.5 Caesarean section [] 87.6 Other (specify), 88. Antenatal care two or more visits: [] 88.1 Yes [] 88.2 No [] 88.3 Unknown Child 89. Type of death: [] 89.1 Stillbirth [] 89.2 Live birth, 90. Birth weight (in grams), 91. This birth was: [] 91.1 Single birth [] 91.2 First twin [] 91.3 Second twin [] 91.4 Other multiple, 92. If still born, heartbeat ceased: [] 92.1 Before labour [] 92.2 During labour but before delivery [] 92.3 Before delivery but not known whether before or during labour, 93. If death occurred within 24 hours after birth, number of hours alive, 94. Attendant at birth: [] 94.1 Physician [] 94.2 Trained midwife [] 94.3 Other trained person (specify) [] 94.4 Other (specify)

95. CAUSES OF DEATH

Form fields for causes of death: a. Main disease or conditions in foetus or infant, b. Other diseases or conditions in foetus or infant, c. Main maternal disease or condition affecting foetus or infant, d. Other maternal diseases or conditions affecting foetus or infant, e. Other relevant circumstances

Form fields for autopsy information: 96. Autopsy information ([X]) [] 96.1 Certified causes of death has been confirmed by autopsy [] 96.2 Autopsy information may be available later [] 96.3 Autopsy not performed

GREEN LINE

GREEN LINE

BLUE LINE



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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



AA4711518

[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);

Surname
 Forenames
 Persal No.

DEPARTMENT OF HOME AFFAIRS	
PRIVATE BAG X5885	
2025 -11- 03	
UPINGTON 8800	
LO UPINGTON (76)	

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 Spanneberg Date received



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9596212

83/DHA - 5

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

ABRIDGED DEATH CERTIFICATE

IDENTITY NUMBER: 701015 6225 08 0
 SURNAME: SPANNEBERG
 FIRST NAMES: CHARLES PATRICK
 DATE OF BIRTH: 1970-10-15
 GENDER: MALE
 MARITAL STATUS: MARRIED
 DATE OF DEATH: 2025-10-30
 PLACE OF DEATH: UPINGTON
 CAUSE OF DEATH: NATURAL CAUSES



2025-11-03
 MARTIN'S FUNERALS
 53 SCOTT STR. UPINGTON
 UPT2005/10
 054 331 3603

DATE OF ISSUE: 2025-11-03

ISSUED BY: YDC202

pp. E. LO UPINGTON
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS	
PRIVATE BAG X5885	
2025 -11- 03	
UPINGTON 8800	
LO UPINGTON	(76)

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

SIGNATURE: _____


REF NO: 9182 GORDONIA
 NAME IN PRINT: K I DE JAGER



**REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD**

Surname: **SPANNEBERG**
 Names: **CHARLES PATRICK**
 Sex: **M**
 Nationality: **RSA**
 Identity Number: **7010156225080**
 Date of Birth: **15 OCT 1970**
 Country of Birth: **RSA**
 Status: **CITIZEN**

DECEASED



Signature: *Charles Spanneberg*

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

SIGNATURE: _____

REF NO: 9 1 8 2 GORDONIA
 NAME IN PRINT: K I DE JAGER




2025 - 11 - 03

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


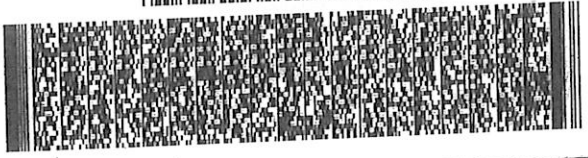
Conditions: **This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997**
If found please return to the Department of Home Affairs For enquiry or verification purposes contact 0800 60 11 90

Date of Issue: **27 NOV 2020**

DECEASED



114695700

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SPANNEBERG

Names:
MAGDA

Sex:
F

Nationality:
RSA

Identity Number:
7409130250086

Date of Birth:
13 SEP 1974

Country of Birth:
RSA

Status:
CITIZEN



Signature:
Spanneberg

I CERTIFY THAT THIS IS A TRUE REPRODUCTION
 (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
 HANDED TO ME FOR AUTHENTICATION. I FURTHER
 CERTIFY THAT, FROM MY OBSERVATION, NO AMENDMENT
 OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

SIGNATURE: 

REF NO: 9182 GORDONIA

NAME IN PRINT: K I DE JAGER



2025 -11- 03

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

Conditions: Date of Issue:
18 DEC 2024

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 0202 60 11 00.

RSA

124925033