

Dollie Minaar



REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS



1663J077195

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]

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)

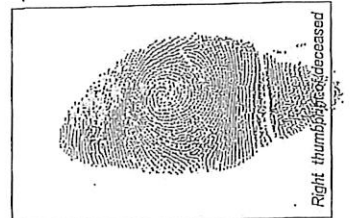
I. PARTICULARS OF THE DECEASED

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? [X] 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: 20251007
1 Place of Death/stillbirth (City/Town/Village): DOUGLAS
2 Province of Death/stillbirth: NIC
Place of Registration of Death / stillbirth: DOUGLAS

If death occurred within 24 hours after birth, number of hours alive: [] 7. Home telephone no. []
Identity No. (Passport No. if foreigner): 6510190210080 9. Age at last birthday if DOB is unknown: []
10. Date of Birth if there is no ID number: YY YY MM DD: [] 11. Gender: [] 11.1 Male [X] 11.2 Female [] 11.3 Indeterminable

2. Surname: MINAAR

3. Previous / Maiden Surname: []
1. Forenames: DOLLIE

5. Usual* Residential Address: Street: 2203 TORTELDAUF STR
Town: BREKPAAL
Province: NIC
Postal code: []

3. Citizenship: SAC

3.1 Place of Birth (City / Town / Village): BRAKKIES PLASE
Country of Birth, if abroad: NIC
3.2 Province of Birth: NIC

7. Marital Status of the deceased: [X] 17.1 Single [] 17.2 Married [] 17.3 Widowed [] 17.4 Divorced

Table with 12 columns: 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. Row 1: [X] in None column.

9. Usual occupation of deceased (type of work done during most of working life): PENSIONER.

Table with 10 columns: 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, extentional organisations, representatives of foreign governments & other activities not adequately defined.

1. Was the deceased a regular** smoker five years ago? (mark with a [X]) [X] 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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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. 0734457

24. Surname CHAUHAN PAWLO

25. Forenames INDIA ESTER

26. Name of Health Facility / Practice WATERLOO HOSPITAL 27. Facility / Practice No. 0734457

28. Business Address: Street WATERLOO HOSPITAL DOUGLAS

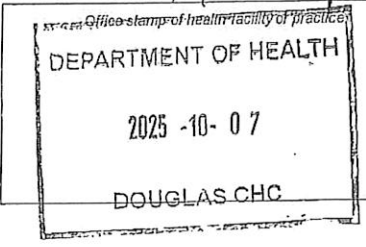
Town DOUGLAS Province NORTH WEST CAPE

Telephone No. (Office) 0532582873 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 Signature [Signature]

Date signed 2022110103



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.

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form: 36.1 HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address: Street

Town

Province

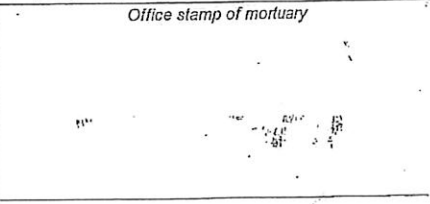
Postal Code

Telephone No. (Office)

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

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) 9407030480035 41. Date of Birth 19910703

42. Citizenship SAC

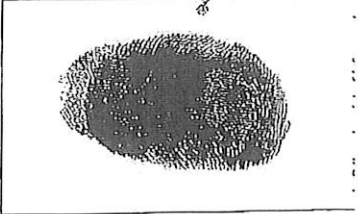
43. Surname MODISAUDI

44. Forenames BET

45. Residential Address: Street 2203 TROTELDUIF STR

Town BREKPAAL Province NWC Postal Code

Telephone No. (Home) Cellphone No.



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

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] Date signed 2022110103



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS



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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

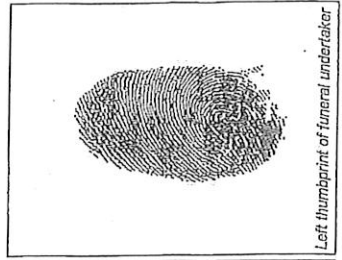
Instructions: Section E to be completed by Funeral Undertaker. The undertaker must take his or her finger print, the finger print of the deceased and the Informant. Authorised Funeral Undertaker or Informant may submit the completed form to the nearest Home Affairs office.

47. Name of Funeral Parlour **SISINJI FUNERAL SERVICE**
48. DHA Designation No. **20161317630** 49. Company Reg. No. **20161317630**

50. SARS Reg. No. (Income tax reference no.) **9183380225**

Details of Funeral Undertaker or Authorised Representative

31. Identity No. (Passport No. if foreigner) **8204095275087**
32. Surname **SISINJI**
33. Forenames **OBAKENG**
34. Business Address Street **167 DEVILLIER STREET**
Town **DOUGLAS**
Province **NC** Postal Code **8730**



Left thumbprint of funeral undertaker

Telephone No. (Office) **0732634472** Cellphone No. **0732634472**

55. Date of collection of corpse **20251007** 56. Date of Cremation (if applicable) **Y Y Y Y N N D D**

7. Place of Burial (City / Town / Village) **DOUGLAS** Province **NC**

8. Date of Burial **20251007** 59. Grave No. (if available)

Place signed **Douglas**
Date signed **20251007** Signature *[Signature]*

Name of person who collected the deceased:

0. Identity No. (Passport No. if foreigner) **8204095275087**
1. Surname **SISINJI**
2. Forenames **OBAKENG**
Place signed **Douglas**
3. Date signed **20251007** Signature *[Signature]*

Office stamp of funeral undertaker
SISINJI FUNERAL SERVICE
REG: 2016/131763/07
1675 DE VILLIERS STREET
DOUGLAS 8730
CELL: 062 330 6464 / 073 263 4472
Email: sisinjifunerals@gmail.com

Sign: *[Signature]*

FOR OFFICIAL USE ONLY

Registration of death approved, DHA-1663 received by (particulars of DHA official):
i. Surname
i. Forenames
i. Personal No.

Documents included with this notice: Copy of the deceased's ID Copy of ID document of the informant
 DHA - 6 (if applicable) DHA - 1660 (if applicable)
DHA-1663 was submitted by: Informant Funeral Undertaker

Office stamp of DHA



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 2005 10 07
Serial number of DHA-1663 Bar-code number of DHA-1663 166310771RS

A. PARTICULARS OF DECEASED

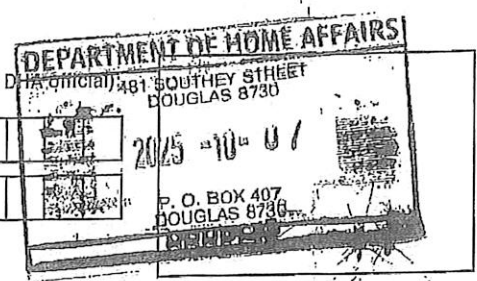
Identity number 601019 0210 080 Date of birth 1965 10 19
Passport number (if foreigner) Date of death 2005 10 07
Citizenship SOUTH AFRICAN Sex FEMALE
Surname MINAAR
Previous or Maiden surname
Forenames DOLLIE
Place of death: City/Town DOUGLAS Province NIC
Place of burial: City/Town DOUGLAS Province NIC
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 STERDALA
Forenames MAMALIRA
Persal No. 21906191
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 910703 0460 085
If Funeral Undertaker: Designation number
Signature of recipient M. Moolisoqi Date received 2005 10 07





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

G 9027977

83/DHA - 5

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

ABRIDGED
DEATH CERTIFICATE

IDENTITY NUMBER: 651019 0210 08 0
SURNAME: MINAAR
FIRST NAMES: DOLLIE
DATE OF BIRTH: 1965-10-19
GENDER: FEMALE
MARITAL STATUS: NEVER MARRIED
DATE OF DEATH: 2025-10-07
PLACE OF DEATH: DOUGLAS
CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2025-10-07

ISSUED BY: YOG104

B. E. Wiese
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
461 SOUTHVIEW STREET
DOUGLAS 8730
2025-10-07
P.O. BOX 407
DOUGLAS 8730



SOUTH AFRICAN POLICE SERVICE
SCM
DOUGLAS
2025-10-08
DOUGLAS
SCM
SUID-AFRIKAANSE POLISIEDIENS

Carl P. ...
Carl P. ...

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: DUTCHMAN
Names: AGNES
Sex: F
Nationality: RSA
Identity Number: 5606070206080
Date of Birth: 07 JUN 1956
Country of Birth: RSA
Status: CITIZEN

Signature: A. Dutchman

19 JUL 2016

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 purpose contact 0800 00 11 10

102548423

SOUTH AFRICAN POLICE SERVICE
SCM
Douglas
2025-410-07
DOUGLAS
SCM
SUID-AFRIKAANSE POLISDIENST

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]*
Magnummer / Force number: 7091650
Rang / Rank: Sgt
Naam / Drukstreep: *[Signature]*



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: MINAAR
Names: DOLLIE
Sex: F
Nationality: RSA
Identity Number: 6510190210080
Date of Birth: 19 OCT 1965
Country of Birth: RSA
Status: CITIZEN



Signature:

UNABLE TO SIGN

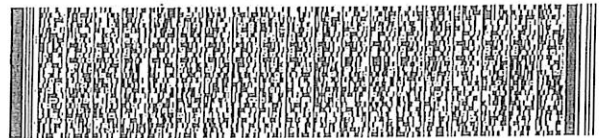
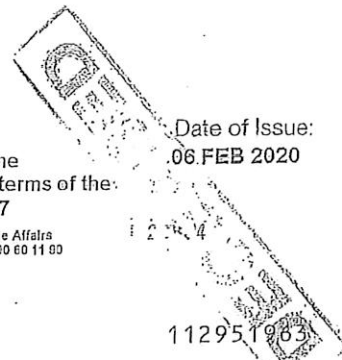


Conditions:

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For enquiry or verification purposes contact 0800 60 11 80

Date of Issue: 06.FEB.2020



SOUTH AFRICAN POLICE SERVICE
SCM
DOUGLAS
2025 -10- 08
DOUGLAS
SCM
SUID-AFRIKAANSE POLISIEDIENS

[Faint, illegible text]

[Handwritten signature]
Sgt
H. H. P. ...