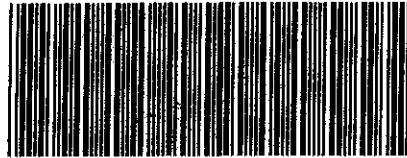




REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS



1663I459600

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  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)

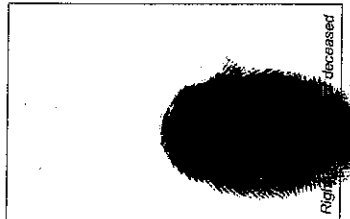
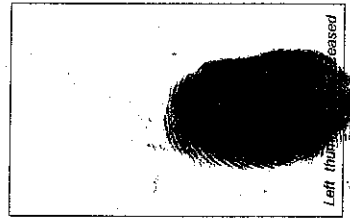
A. PARTICULARS OF THE DECEASED

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 **20241127**

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

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

5. Place of Registration of Death / stillbirth **GROBLERSHOOP**

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

8. Identity No. (Passport No. if foreigner) **4911090650082** 9. Age at last birthday if DOB is unknown **075**

10. Date of Birth if there is no ID number **19491109** 11. Gender  11.1 Male  11.2 Female  11.3 Indeterminable

12. Surname **OLYN**

13. Previous / Maiden Surname **THYS**

14. Forenames **SARAH**

15. Usual Residential Address: Street **1528 DANKIE DEBO**

Town **GROBLERSHOOP**

Province **NORTHERN CAPE** Postal code **8850**

16. Citizenship **SOUTH AFRICAN**

16.1 Place of Birth (City / Town / Village) **GROBLERSHOOP**

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
(mark with a <input checked="" type="checkbox"/> )							<input checked="" type="checkbox"/>									

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

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, personal and household goods, hotels and restaurants	7. Transport, storage and communication	8. Financial and insurance services	9. Community, social and personal services	10. Private households, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined
	<b>Ek sertifiseer dat hierdie dokument in ware afdruk of afskrif 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. Verwysings Nr. 9 1 8 1:21:2010</b>				<b>KOOS VAN HEERDEN BEGRAFNIEDIENSTE</b> CC 1987 020522 23 FSP 19197 <b>2024 -11- 27</b>				<input checked="" type="checkbox"/>

21. Was the deceased  21.1 Yes  21.2 No  21.3 Deceased  21.4 Not applicable (minor)

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

**KOMMISSARIS VAN DIE N.A.R. KEULDER**  
**Koos van Heerden Begrafnisdienste**

**HOEFSTR 5**  
**GROBLERSHOOP 8850**  
**SEL: 072 584 7777**



NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663I459600

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)

**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. 15048011

24. Surname VAN SCHACKWYK

25. Forenames ALIDA

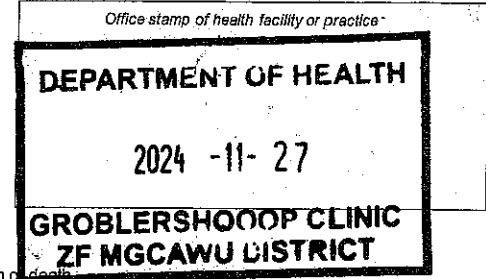
26. Name of Health Facility / Practice GROBLERSHOOP 27. Facility / Practice No.

28. Business Address: Street 212 MARITIME STREET Town GROBLERSHOOP Province NORTHERN CAPE

Telephone No. (Office) 0548830231 Postal Code 8850

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 GROBLERSHOOP Date signed 20241127 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 27 11 2024

32. Name of Medico-legal Mortuary 33. Mortuary No.

34. Mortuary Reference Number of Deceased

35. SAPS Case No.

36. Name of Police Station KOOS VAN HEERDEN BEGRAFNIEDIENSTE

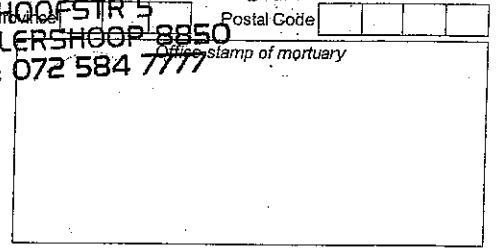
36.1 HPCSA Registration No. CC1987 020522 23 FSP 19197

37. Surname

38. Forenames

39. Business Address: Street HOOFSTR 5 Town GROBLERSHOOP Postal Code 8850 Telephone No. (Office) 054 883 0231

Place signed KOMMISSARIS VAN EDE (N.B. KEULDER) Koos van Heerden Begrafnisdienste Date signed 20241127 Signature [Signature]



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 20241127 Signature [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) 7808260019087 41. Date of Birth 19780826

42. Citizenship SOUTH AFRICAN

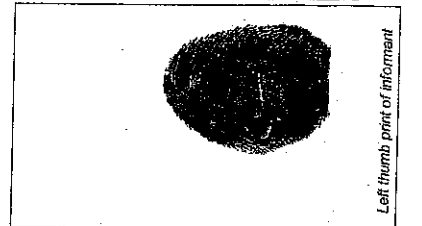
43. Surname THYS

44. Forenames ANNA

45. Residential Address: Street 49 SAFARI STREET Town GROBLERSHOOP Province NORTHERN CAPE Postal Code 8850

Telephone No. (Home) Cellphone No. 0717310427

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

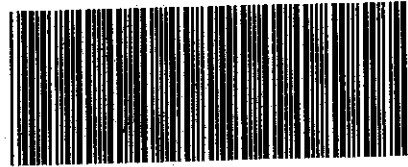


I, the undersigned, hereby certify that the identity of the deceased mentioned in section A is to the best of my knowledge and belief true and correct in case it is not true, I shall be guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding five years or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

Signature [Signature] Date signed 20241127



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS



1663I459600

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  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: **KVH BEGRAFNISDIENSTE**

48. DHA Designation No.: **UPT 8/99** 49. Company Reg. No.: **1987/020522/23**

50. SARS Reg. No. (Income tax reference no.): **9290079061**

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner): **8407115013087**

52. Surname: **KEULDER**

53. Forenames: **NICO BERNARD**

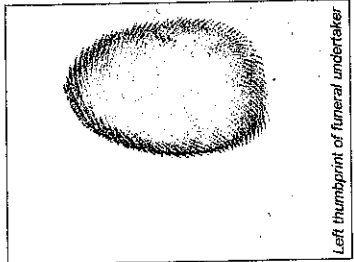
54. Business Address: Street **5 HOOFSTR**, Town **GROBLERSHOOP**, Province **NC**, Postal Code **8850**

Telephone No. (Office): **0725847777** Cellphone No. **0725847777**

55. Date of collection of corpse: **20241127** 56. Date of Cremation (if applicable): **Y Y Y Y M M D D**

57. Place of Burial (City / Town / Village): **GROBLERSHOOP** Province **NC**

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



Left thumbprint of funeral undertaker

Place signed: **GROBLERSHOOP**  
 Date signed: **20241127** Signature: *[Signature]*

**KOOS VAN HEERDEN**  
 BEGRAFNISDIENSTE  
 CC 1987 020522 23 FSP 19197  
 2024 -11- 27  
 HOOFSTR 5  
 GROBLERSHOOP 8850  
 SEL: 072 584 7777

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner): **8407115013087**

61. Surname: **KEULDER**

62. Forenames: **NICO BERNARD**

Place signed: **GROBLERSHOOP**  
 63. Date signed: **20241127** Signature: *[Signature]*

**F. FOR OFFICIAL USE ONLY**

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

64. Surname:

65. Forenames:

66. Persal No.:

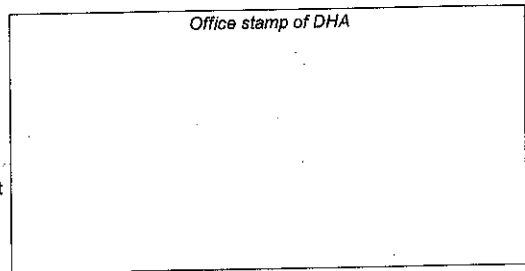
Documents included with this notice:

Copy of the deceased's ID  Copy of ID document of the informant

DHA - 6 (if applicable)  DHA - 1680 (if applicable)

Informant  Funeral Undertaker

DHA-1663 was submitted by:



Ek sertifiseer dat hierdie dokument 'n ware afdruk of afskrif van die oorspronklike dokument wat aan my vir waarneming voorgeleë is. Ek sertifiseer verder dat, volgens my waarnemings, daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie. Verwysings Nr. 9 1 8 1:21:2010

*[Signature]*  
**KOMMISSARIS VAN EDE (N.B. KEULDER)**  
**Koos van Heerden Begrafnisdienste**

**KOOS VAN HEERDEN**  
 BEGRAFNISDIENSTE  
 CC 1987 020522 23 FSP 19197  
 2024 -11- 27  
 HOOFSTR 5  
 GROBLERSHOOP 8850  
 SEL: 072 584 7777

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 **2024 11 27**  
Serial number of DHA-1663 **3I459600** Bar-code number of DHA-1663 **1663I459600**

**A. PARTICULARS OF DECEASED**

Identity number **491109 0654 082** Date of birth **1949 11 09**  
Passport number (if foreigner) **N/A** Date of death **2024 11 27**  
Citizenship **RSA** Sex **FEMALE**  
Surname **OLYN**  
Previous or Maiden surname **THYS**  
Forenames **SARA WILHEMINA**  
Place of death: City/Town **GROBLERSHOOP** Province **NC**  
Place of burial: City/Town **GROBLERSHOOP** Province **NC**  
Cause of death Natural  Unnatural  Under investigation

**KOOS VAN HEERDEN  
BEGRAFNISDIENSTE  
CC 1987 020522 23 FSP 19197**

**B. AUTHORITY FOR BURIAL OF CORPSE**

This certificate grants the authority for the burial of the corpse in the magisterial district in which the deceased resided or at the place of burial, provided that the burial will take place on the date and at the place indicated on the original certificate. **2024-11-27**  
my vir waarneming voorgelê is. Ek sertifiseer verder die oorspronklike dokument wat aan my vir waarneming voorgelê is. Daar nie 'n wysiging op die oorspronklike dokument aangebring is nie. Verwysings Nr. 9 1 8 1:21 2010

**C. FOR OFFICIAL USE ONLY**

Registration of death approved and burial order issued: DHA-1663 received by (particulars of DHA official)  
Surname **BRUSSEL**  
Forenames **SURETHEA**  
Persal No. **24507091**  
Documents included with this notice:  Copy of the deceased's ID/passport  Copy of ID document/passport of the informant  Funeral Undertaker  
DHA-1663 was submitted by:  Informant  
Identity Number of Recipient: Identity number **840711 5013 087**  
If Funeral Undertaker: Designation number **2024 11 27**  
Signature of recipient

**HOOFSTR 5  
GROBLERSHOOP 8850  
SEL. 072 584 7777**  
**DEPARTMENT OF HOME AFFAIRS**  
PRIVATE BAG X5885  
**2024-11-27**  
UPINGTON 8800  
**PSP GROBLERSHOOP (02)**



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

ABRIDGED  
DEATH CERTIFICATE

IDENTITY NUMBER: 491109 0654 08 2  
SURNAME: OLYN  
FIRST NAMES: SARA WILHEMINA  
DATE OF BIRTH: 1949-11-09  
GENDER: FEMALE  
MARITAL STATUS: MARRIED  
DATE OF DEATH: 2024-11-27  
PLACE OF DEATH: GROBLERSHOOP  
CAUSE OF DEATH: NATURAL CAUSES

Ek sertifiseer dat hierdie dokument 'n ware afdruk of afskrif 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. Verwysings Nr. 9 1 8 1:21 2010  
*[Signature]*  
KOMMISSARIS VAN EDE (N.B. KEULDER)  
Koos van Heerden Begrafnisdienste

KOOS VAN HEERDEN  
BEGRAFNISDIENSTE  
CC 1987 020522 23 FSP 19197

2024 -11- 27

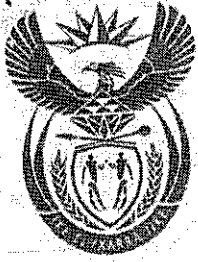
HOOFSTR 5  
GROBLERSHOOP 8850  
SEL: 072 584 7777

DATE OF ISSUE: 2024-11-27

ISSUED BY: Y00203

DEPARTMENT OF HOME AFFAIRS  
PRIVATE BAG X5885  
2024 -11- 27  
BRINGTON 8800  
PSP GROBLERSHOOP (03)

*P.P. Bessel* P.S.P GROBLERSHOOP  
DIRECTOR-GENERAL: HOME AFFAIRS



C1822713  
 DEPARTMENT HOME AFFAIRS  
 REPUBLIC OF SOUTH AFRICA

83/BI - 5

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

IDENTITY / IDENTITEIT

IDNO: 491109 0654 08-2  
 IDNR:

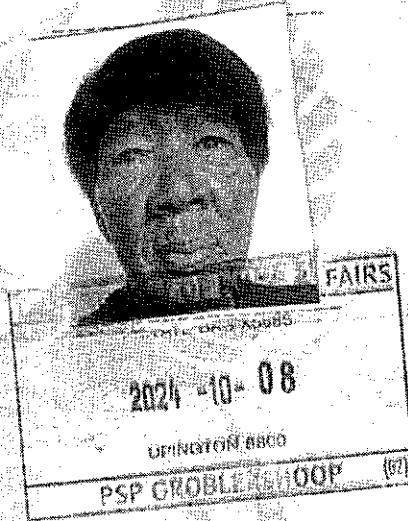
SURNAME: OLYN  
 VAN:

FIR: SARA WILHEMINA  
 VOO:

DATE OF BIRTH: 1949-11-09  
 GEBORTE DATUM:

DATE ISSUED: 2024-10-08  
 DATUM UITGEREIK:

OFFICE CODE: YOO  
 KANTOORKODE:



ISSUED BY: YOO201  
 UITGEREIK DEUR:

(VALID FOR 2 MONTHS FROM DATE OF ISSUE)  
 (GELDIG VIR 2 MAANDE NA UITREIKINGSDATUM)

Ek sertifiseer dat hierdie dokument 'n ware afskrif of afskrif van die oorspronklike dokument wat aan my vir waarneming voorgele is. Ek sertifiseer verder dat, volgens my waarnemings, daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie. Verwysings Nr. 9 1 8 1:21 2010

KOMMISSARIS VAN EDE (N.B. KEULDER)  
 Koos van Heerden Begrafnisdienste

KOOS VAN HEERDEN  
 BEGRAFNISDIENSTE  
 CC 1987 020522 23 FSP 19197

2024-11-27

HOOFSTR 5  
 GROBLERSHOOP 8850  
 SEL: 072 584 7777



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

# MARRIAGE CERTIFICATE

IDNO. HUSBAND: 710410 5143 08 8  
 SURNAME: OLYN  
 FIRST NAMES: JAN  
 DATE OF BIRTH: 1971-04-10  
 IDNO. WIFE: 491109 0654 08 2  
 MAIDEN NAME: THYS  
 FIRST NAMES: SARA WILHEMINA  
 DATE OF BIRTH: 1949-11-09  
 TYPE OF MARRIAGE: CIVIL  
 DATE OF MARRIAGE: 2019-11-08  
 PLACE OF MARRIAGE: GROBLERSHOOP

Ek sertifiseer dat hierdie dokument 'n ware afdruk of afskrif van die oorspronklike dokument wat aan my vir waarneming voorgele is. Ek sertifiseer verder dat volgens my waarnemings, daar nie 'n wysiging of verandering op die oorspronklike dokument aangebring is nie. Verwysings Nr. 9 1 8 1:21 2010

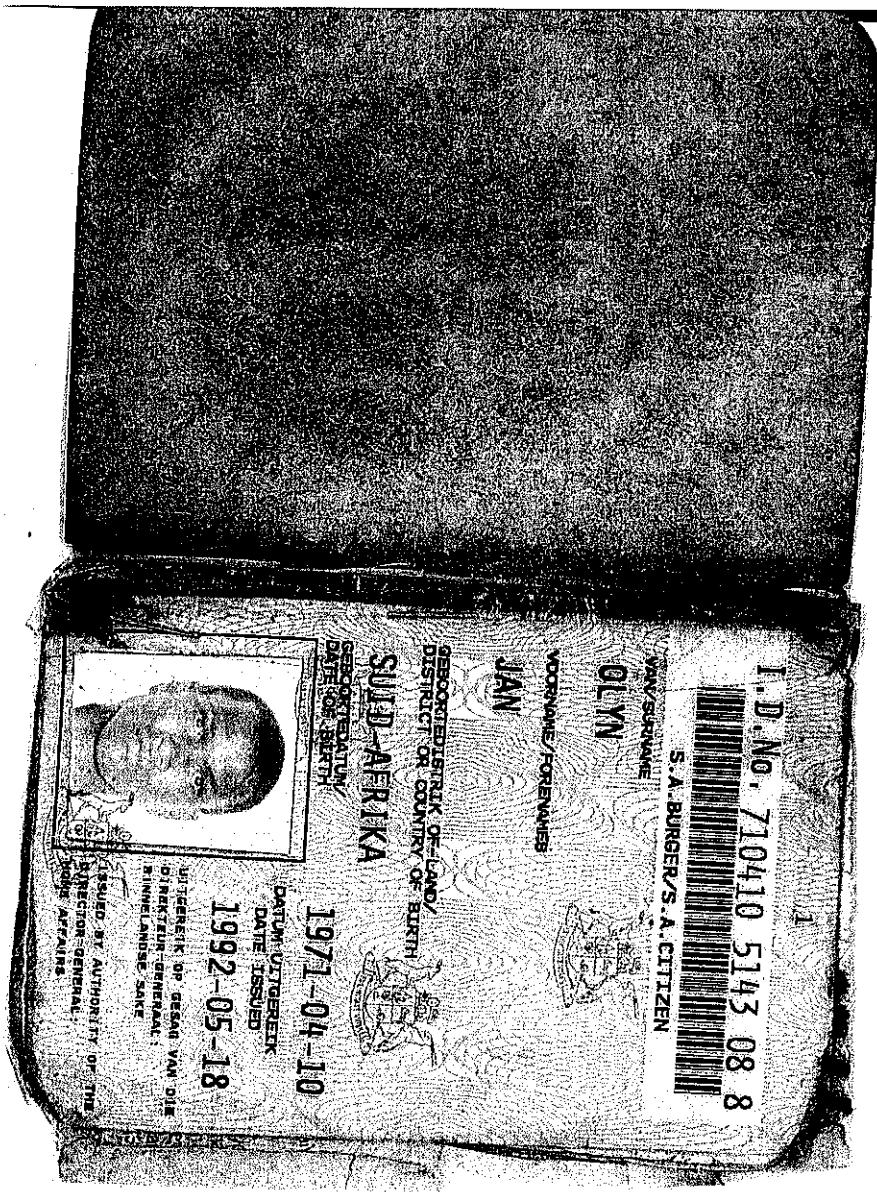
*[Signature]*  
 KOMMISSARIS VAN EDE (N.B. KEULDER)  
 Koos van Heerden Begrafnisdienste

KOOS VAN HEERDEN  
 BEGRAFNISDIENSTE  
 CC 1987 020522 23 FSP 19197  
 2024 -11- 27  
 HOOFSTR 5  
 GROBLERSHOOP 8850  
 SEL: 072 584 7777

DATE OF ISSUE: 2024-11-27

ISSUED BY: V00001  
 DEPARTMENT OF HOME AFFAIRS  
 PRIVATE BAG X5885  
 2024 -11- 27  
 WINSTON 8600  
 PSP GROBLERSHOOP (021)

*[Signature]*  
 DIRECTOR-GENERAL: HOME AFFAIRS



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: *[Signature]*

REF NO: 9 1 8 2 GORDONIA

NAME IN PRINT: K I DE JAGER



2024 -11- 29

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