



1663J294325

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)

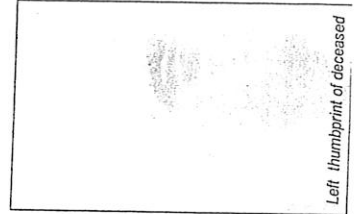
A. PARTICULARS OF THE DECEASED

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.

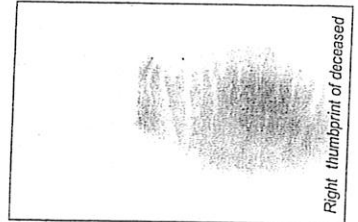
1. Was this a death or a stillbirth? 1.1 Death 1.2 Stillbirth

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



Left thumbprint of deceased



Right thumbprint of deceased

Date of Death / stillbirth

20250927

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

GROBLERSHOOP

2 Province of Death/stillbirth

NCP

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)

6904130849083

9. Age at last birthday if DOB is unknown

1. Date of Birth if there is no ID number

Z Y X W V U T S R Q P O N M L K J I H G F E D C B A

11. Gender

11.1 Male

11.2 Female

11.3 Indeterminable

2. Surname

ZAAC

3. Previous / Maiden Surname

4. Forenames

KATHY JO-ANN

5. Usual* Residential Address: Street

1522 DANKIE DEBO

Town

GROBLERSHOOP

Province

NCP

Postal code

8850

Citizenship

RSA

1 Place of Birth (City / Town / Village)

GRIEKWASTAD

Country of Birth, if abroad

2 Province of Birth

NCP

Marital Status of the deceased

17.1 Single

17.2 Married

17.3 Widowed

17.4 Divorced

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)

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

UNEMPLOYED

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

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.



1663J294325

OLD TO
IS POINT
↓

FOLD 1
THIS PO
↓

This page must be sealed after completion to ensure confidentiality

ID No. (Passport No. if foreigner) 6904130849083 File no De 281/25 Date 01/10/25 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

67. Identity No. (Passport No. if foreigner) 6904130849083

68. Gender 68.1 Male 68.2 Female 68.3 Indeterminable

69. Surname ZAAL

70. Forenames KATHY JO-ANN

71. Population Group 71.1 African 71.2 White 71.3 Indian/Asian 71.4 Coloured 71.5 Other (specify)

72. Place of Death 72.1 Hospital/Inpatient 72.2 ER/Outpatient 72.3 DOA 72.4 Nursing Home 72.5 At home 72.6 Other (specify)

73. Name of Health Facility/Practice FPS - WILSON

74. Facility Contact Telephone No. incl. Area Code 0543329195

75. Patient File No. D2281-2025

76. Contact Person at Facility: Surname NAIDOO Forenames HAIRINE Role/Rank FPO

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

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) Mania Due to (or as a consequence of) At Scene

Sequentially list conditions, if any, leading to immediate cause. b) Suspected suicide Due to (or as a consequence of)

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death) c) Due to (or as a consequence of)

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? () 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 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)

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

95. 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

96. Autopsy information ()

- 96.1 Certified causes of death has been confirmed by autopsy
- 96.2 Autopsy information may be available later
- 96.3 Autopsy not performed



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

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



AA4711298

[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.

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 Date received



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

I 9593840

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.

ABRIDGED

DEATH CERTIFICATE

IDENTITY NUMBER: 690413 0849 08 3

SURNAME: ZAAL

FIRST NAMES: KATHY JO-ANN

DATE OF BIRTH: 1969-04-13

GENDER: FEMALE

MARITAL STATUS: NEVER MARRIED

DATE OF DEATH: 2025-09-27

PLACE OF DEATH: GROBLERSHOOP

CAUSE OF DEATH: UNNATURAL CAUSES SAPS103/
09/2025

DATE OF ISSUE: 2025-10-02

ISSUED BY: YDC257

C. Loupington
1 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS

PRIVATE BAG X5885

2025-10-02

UPINGTON 8800

DR. HARRY SURTIE HOSPITAL (03)



I CERTIFY THAT THIS IS A TRUE REPRODUCTION
(COPY) OF THE ORIGINAL DOCUMENT WHICH WAS
HANDLED 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



2025-10-02

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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakke.

2. Indien u van adres verander het of indien besonderhede van u huidige adres byvoorbeeld (of of) nommer, etes, verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING wat in hierdie sakke agter die identiteitsdokumente is, gebruik word om die verandering aan te meld. Die formulêre moet voltooid en gesoos word aan die naaste streekluis by die DEPARTMENT OF HOME AFFAIRS BINNELANDSE SAKE.

DECEASED

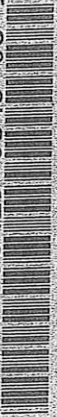
REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address or if particulars of your present address, e.g. name of street and box/street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in (or posted) to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D. No. 690413 0849 08 3



S.A. BURGER/S.A. CITIZEN

NAAM/SURNAME

ZAAL

VOORNAAM/FORENAMES

KATHY JO-ANN

GEBOORTEDISTRIK OF -LAND / DISTRICT OR COUNTRY OF BIRTH

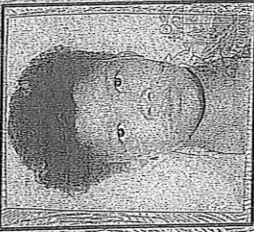
SUID-AFRIKA

GEBOORTEDATUM / DATE OF BIRTH

1969-04-13

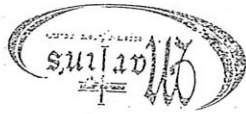
DATUM UITGEREIK / DATE ISSUED

1995-04-28



UITGEREIK OP BESAG VAN DIE DIREKTEUR-GENERAAL BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRS



2025-10-02

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

I CERTIFY THAT THIS IS A TRUE REPRODUCTION
COPY OF THE ORIGINAL DOCUMENT WHICH WAS
HAND 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: 9182 GORDONIA
NAME IN PRINT: K I DE JAGER

1

I.D. No. 960218 0396 081


S.A.CITIZEN

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

SURNAME
ZAAL

FORENAMES
GERAL-LEE BERODINE

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1996-02-18

DATE ISSUED
2014-03-05

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



SOUTH AFRICA POLICE SERVICE


C.S.C
DANIELSKUIL

04 SEP 2025

Gemeenskap Diens
DANIELSKUIL

SUID-AFRIKAanse POLISIEDIENS

EK SEHTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUKAFSKRIF IS VAN
 DIE OORSPRONKELIKE DOKUMENT WAT AAN MY VIK WAARNEEMING VOORGELEI IS. EK
 SERTIFISEER VIGTER DAT VOIGEND MY WAARNEEMING DANK NIS 'N WYSGING OF
 VERANDERING OF DIE OORSPRONKELIKE DOKUMENT AANGEBRING IS NIE.
 I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION/COPY OF THE
 ORIGINAL DOCUMENT WHICH WAS HELD TO ME FOR AUTHENTICATION. I FURTHER
 CERTIFY THAT FROM MY OBSERVATION AN AMENDMENT OR CHANGE WAS NOT MADE
 TO THE ORIGINAL DOCUMENT.



MAGSNOEMER / FORCE NUMBER: 763759-6 RANG / RANK: CSJ

NAAM IN DRUKSKRIF / NAME IN PRINT: Daniël Smoek