

# Notification / register of death / still birth (BI-1663)



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

BI - 1663

## NOTIFICATION / REGISTER OF DEATH / STILL BIRTH

in terms of the Births and Deaths Registration Act,  
1992 (Act No. 51 of 1992)

Space for Bar Code

\* Must be completed in black ink (please tick  where applicable)

SERIAL No:

\* Please refer to instructions

**A01857265**

FILE No:

DATE:

<b>A PARTICULARS OF DECEASED INDIVIDUAL</b> <input type="checkbox"/> / <b>STILLBORN CHILD</b> <input type="checkbox"/>		Date of birth	
Identity number of deceased	<input type="text"/>	Date of death	<input type="text"/>
Surname	<input type="text"/>	Age at last birthday	<input type="text"/> years
Maiden Name (If female)	<input type="text"/>	Sex	<input type="text"/>
Forenames	<input type="text"/>	If death occurred within 24 hours after birth	<input type="text"/>
<b>MARITAL STATUS OF DECEASED</b> Single <input type="checkbox"/> Civil Marriage <input type="checkbox"/> Living as married <input type="checkbox"/> Widowed <input type="checkbox"/> Religious Law Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Customary Marriage <input type="checkbox"/>		Left thumb print of deceased	
PLACE OF BIRTH (municipal district or country if abroad) _____			
PLACE OF DEATH (City / Town / Village) _____			
PLACE OF REGISTRATION OF DEATH _____			
CITIZENSHIP OF DECEASED _____			
<b>B PARTICULARS OF INFORMANT</b>			
Identity number	<input type="text"/>	Left thumb print of informant	
Initials and Surname	<input type="text"/>		
Relationship to deceased	Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) <input type="text"/>		
Postal address	<input type="text"/>		
Postal Code	<input type="text"/>	Dialling Code	<input type="text"/>
Was the next of kin of the deceased a smoker* during the past five years?	Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse to answer <input type="checkbox"/>	Telephone No.	<input type="text"/>
Date	<input type="text"/>	Signature	<input type="text"/>
<b>C PARTICULARS OF FUNERAL UNDERTAKER</b>			
Initials and Surname	<input type="text"/>	Office Stamp of Funeral Undertaker	
Designation No.	<input type="text"/>		
Date	<input type="text"/>		
<b>D CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE</b>			
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 specified in Section G	<input type="checkbox"/>	Postal Address	<input type="text"/>
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes	<input type="checkbox"/>	Postal Code	<input type="text"/>
INITIALS AND SURNAME	SIGNATURE	SAMDC / SANC Reg. No.	<input type="text"/>
		Date signed	<input type="text"/>
<b>CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST</b>			
I, the undersigned, hereby certify that a medicolegal post-mortem examination 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 that the cause of death is:			
Unnatural <input type="checkbox"/>		Under investigation <input type="checkbox"/>	
Natural (Cause of Death as indicated in Section G) <input type="checkbox"/>		Postal Address	
Initials and Surname		<input type="text"/>	
Place of post-mortem	Date	Mortuary Reference	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature	Date signed	SAMDC Reg. No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>E FOR OFFICIAL USE ONLY</b>			
Registration of death approved and burial order issued	Initials and Surname of Registrar		
Address	<input type="text"/>		
	Force No. / Designation No.	<input type="text"/>	
	Persal No.	<input type="text"/>	
Date	Signature		
<input type="text"/>	<input type="text"/>		
Office Stamp			

\* Someone who smokes tobacco on most days

Reverse side of Notification / register of death / still birth (BI-1663)

**NOTIFICATION / REGISTER OF DEATH / STILL BIRTH**

**BI - 1663**

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

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(After completion seal to ensure confidentiality)

Space for Bar Code

SERIAL No:

**A 01857265**

FILE No:

DATE:

**F DEMOGRAPHIC DETAILS**

Initials and Surname of deceased

Identity Number

Place of death 1. Hospital: (Inpatient  ER/ Outpatient  DOA  ) 2. Nursing Home  3. Home  4. Other (Specify)

FACILITY NAME (If not institution, give street and number)

Usual residential address of deceased # Suburb

Town / Village

Name of Plot, Farm, etc. Census Enumerator Area

Street name and number Magist. Dist.

Deceased's Education (Specify  only highest class completed/achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
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Postal Code Province Country

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use retired) TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming) refer to instructions

Was the deceased a smoker\* five years ago? (  ) : Yes  Do not know  Not applicable (minor)

**G MEDICAL CERTIFICATE OF CAUSE 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. Due to (or as a consequence of) b. Due to (or as a consequence of) c. Due to (or as a consequence of) d. Due to (or as a consequence of)

PART 2. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1.

If a female, was she pregnant 42 days prior to death? (  ) : Yes  No

If stillborn, please write mass in grams

Do you consider the deceased to be: African  White  Indian  Coloured  Other  (Specify)

Method of ascertainment of cause of death:

1. Autopsy  2. Opinion of attending medical practitioner  3. Opinion of attending medical practitioner on duty

4. Opinion of registered professional nurse  5. Interview of family member

6. Other  (Specify)

FOR OFFICE USE ONLY ICD-10

Approximate interval between onset and Death (Days/Months/Years)	ICD-10

# Where someone lived on most days

\* Someone who smokes tobacco on most days