REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

DHA-34

APPLICATION FOR THE CONSENT OF A COMMISSIONER OF CHILD WELFARE FOR THE PURPOSE OF MARRIAGE OF A MINOR

Marriage Act, 1961 (Act No 25 of 1961)

Regulation 11

To be completed in full and submitted at the Department of Home Affairs' office. The form to be completed in black ink with BLOCK LETTERS. Please mark with ☑ the CORRECT box, where required. Applications that are not legible shall not be accepted

A. PARTICULARS OF PERSON CONCERNED (MINOR PERSON)

ID number (Passport no. if foreigner) Date of birth Y Y Y Y M M D D

Surname

First names in full

Country of birth

Place of birth: City/Town Province of birth

Telephone no. Cell phone no.

Residential address Street

City/Village

Province Postal Code

Father's ID number

Father's surname

Father's first name

Mother's ID number

Mother's surname

Mother's first name

B. PARTICULARS OF PROSPECTIVE HUSBAND ☐ OR WIFE ☐

ID number (Passport no. if foreigner) Date of birth Y Y Y Y M M D D

Surname

First names in full

Place of birth: City/Town

Province of birth Country of birth

Marital status Single ☐ Divorced ☐ Widow / Widower ☐

Residential address: Street

City/Village

Province Postal Code

Telephone no. Cell phone no.

Father's ID number

Father's surname

Father's first name

Mother's ID number

Mother's surname

Mother's first name

C. REASON WHY THE CONSENT OF THE PARENT(S) OR GUARDIAN COULD NOT BE OBTAINED

I hereby declare that the particulars given above are true and correct and apply for consent to marry the person mentioned in section B above.

Date Y Y Y Y M M D D Signature of person concerned

D. CONSENT BY THE COMMISSIONER OF CHILD WELFARE

Resolution:

Consent granted ☐ Reason:

Consent refused ☐ Reason:

PARTICULARS OF THE COMMISSIONER OF CHILD WELFARE:

Persal no.

Surname

First names in full

Office name

Business Address Street

Town Code

Province Telephone no.

Date signed Y Y Y Y M M D D

DOCUMENTS SUBMITTED:

☐ Birth certificate of the person concerned

☐ Death Certificate of Father

☐ Death Certificate of Mother

☐ Power of attorney (if applicable)

Office stamp

Signature of the Commissioner of Child Welfare