

2. APPLICATION FOR INSERTION OF UNMARRIED FATHER'S PARTICULARS IN BIRTH REGISTER OF CHILD BORN OUT OF WEDLOCK

(a) Where the father (the applicant) is a South African citizens

NO paternity test is required.

(b) Where the father (the applicant) is a non-South African citizen

Paternity test is required.

3. ALTERATION OF PARTICULARS OF REGISTERED FATHER OF CHILD BORN OUT OF WEDLOCK

Paternity test is required, regardless of the nationality or citizenship of the father (the applicant).

Note:

1. All other requirements must still be fulfilled.
2. Officials should advise the applicant(s) to contact the National Health Laboratory Services centres to make appointments.

Should you have any enquiries, please contact Mr Aaron Ramodumo at (012) 402 2009, e-mail Aaron.Ramodumo@dha.gov.za or Mr Shoki Mphokane at (012) 402 2248, e-mail Shoki.Mphokane@dha.gov.za or Ms Caroline Pienaar at (012) 402-228, e-mail Caroline.Pienaar@dha.gov.za

MR. S.V. MKHIZE 
DEPUTY DIRECTOR-GENERAL: CIVIC SERVICES

DATE: 23/09/2014





home affairs

Department Home Affairs REPUBLIC OF SOUTH AFRICA

EMA 07

230 Johannes Ramakhoase Street, Private Bag X114 PRETORIA 0001
Parliamentary Office 120 Plein Street Private Bag X9048 Cape Town 8000

Annexure A

Enquiries
Referral Officer
Telephone Number
Fax
Office Address
Email District Manager Operations

Ref: Identity Number of parent & DOB of child)

NATIONAL HEALTH LABORATORY SERVICES

REFERRAL FOR PATERNITY TESTS IN RESPECT OF APPLICATION FOR REGISTRATION OF BIRTH OF (Surname, forenames of child)

- 1 The above matter refers
2 You are kindly requested to conduct paternity tests in relation to (surnames, forenames of child), whose parents are— (a) Mother (surname, forenames) – (identity number); and (b) Father (surname, forenames) – (identity number)
3 Please take note that the applicant(s) will be responsible for payment of the costs of the tests. Kindly send the original test results to the District Manager Operations (Name of District) on the above-mentioned e-mail address.
4 I trust that you find the above in order

Kind regards

SIGNATURE
DESIGNATION:
NAME OF OFFICE:
DATE:

Handwritten signature and initials

Annexure B

LIST OF CENTRES FOR NATIONAL HEALTH LABORATORY SERVICES

Head Office number: 011 489 9286 Fax 011 489 9209

ROVINCE	TOWN	ADDRESS	CONTACT NO.
Gauteng	Johannesburg	Corner of Hospital and De Korte Streets Ext, Braamfontein	(011) 489 9470 / 1
Limpopo	Polokwane	Corner of Dorp and Hospital Streets - Polokwane Provincial Hospital	(015) 297 1099
	Lephalale (Ellisras)	Chris Hani Road - Ellisras Provincial Hospital.	(014) 763 2254
North West	Klerksdorp	Benji Olifant Street, Joubertina Location - Tshepong Provincial Hospital Klerksdorp.	(018) 465 4088
		Desmond Tutu Street - Klerksdorp Provincial Hospital.	
Eastern Cape	Port Elizabeth	Corner Eastbourne & Buckingham Road Mount Cruix - (Next to Provincial Hospital)	(041) 395 6111
	East London	Amalinda Drive (Next to Frere Provincial Hospital.	(043) 143 3000
Mpumalanga	Nelspruit	Madiba Drive at Rob Ferreira Hospital.	(013) 741 1014
	Ermelo	1 Joubert Street at Ermelo Provincial Hospital	(017) 811 3305 / 3402
Northern Cape	Kimberley	Du Toit Span Road at Kimberley Hospital Complex (4 th Floor), Kimberley Provincial Hospital	(053) 833 1641/2


