



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

(Births and Deaths Registration Act 81 of 1992)

(Regulations 11 and 14)



1663J386642

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

2026-06-18

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

CAPE TOWN

4.2 Province of Death/stillbirth

WESTERN CAPE

5. Place of Registration of Death / stillbirth

6. If death occurred within 24 hours after birth, number of hours alive

7. Home telephone no.

8. Identity No. (Passport No. if foreigner)

0806100200088

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

12. Surname

ROUITERS

13. Previous / Maiden Surname

14. Forenames

JENNA JASHMIN

15. Usual Residential Address Street

Town

Province

WESTERN CAPE

16. Citizenship

SOUTH AFRICAN

16.1 Place of Birth (City / Town / Village) or Country of Birth, if abroad

16.2 Province of Birth

17. Marital Status of deceased

☐ 17.1 Single

☐ 17.2 Married

☐ 17.3 Widowed

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

Gr 9

Gr 10

Gr 11

Gr 12

Univ

Tech

Un-

Known

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

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 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, extensions, representatives of foreign governments & other activities not adequately defined
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21. 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.

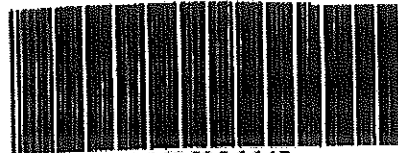


REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J386642

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. MP D 91816461

24. Surname

WITCHMORE

25. Forenames

SHANICE

26. Name of Health Facility / Practice

GROOTE SCHUUR HOSP

27. Facility / Practice No. 5600284

28. Business Address:

Street

20011 ROAD

Town

OSERVATORY

Province

Telephone No. (Office)

021 464 1111

Postal Code

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

G. P. H.

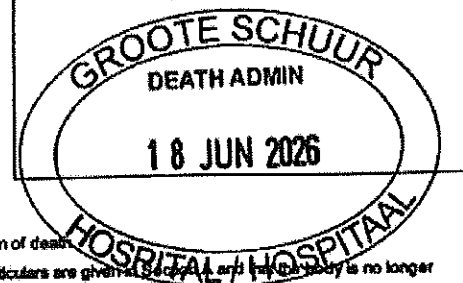
Date signed

10/06/2018

Signature

[Signature]

Office stamp of health facility or practice



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

Y Y Y Y A D D

32. Name of Medico-legal Mortuary

34. Mortuary Reference Number of Deceased

33. Mortuary No.

35. SAPS Case No.

36. Name of Police Station

Particulars of the Medical Practitioner / Forensic Pathologist who filled out the form:

36.1 HPCSA Registration No.

37. Surname

38. Forenames

39. Business Address:

Street

Town

Telephone No. (Office)

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 in 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

Y Y Y Y A D D

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)

7710225079083

41. Date of Birth

Y Y Y Y A D D

42. Citizenship

ASIA

43. Surname

RUTHERS

44. Forenames

ANDREW

45. Residential Address:

Street

5 BERTHA ROSA

Town

ODAN

Province

WC

Postal Code

Telephone No. (Home)

Cellphone No.

46. The Deceased is my:

☐ 46.1 Parent

☐ 46.2 Spouse

☒ 46.3 Child

☐ 46.4 Other, Specify

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

21/06/2018



Left thumb print of informant



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Birth and Death Registration Act 61 of 1992]

[Regulations 11 and 14]



1663J386642

Page 3 of 3

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B. PARTICULARS OF FUNERAL UNDERTAKER

Instructions: Section B 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 Parlor: SWEET VICTORY FUNERALS
48. DHA Designation No.: 41610-1157/2020
49. Company Reg. No.: 2012/023448/07
50. SARS Reg. No. (Income tax reference no.): 4600289344

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner): 6606299196085
52. Surname: VAN DER BERG
53. Forenames: COLLIN ANDRIEN
54. Business Address: Street: 22 ELECTRON STREET, Town: BLACKHEATH, Province: WESTERN-CAPE, Postal Code: 7581
Telephone No. (Office): , Cellphone No.: 062 662 2438
55. Date of collection of corpse: 20260618
56. Date of Cremation (if applicable): , Province: WP
57. Place of Burial (City / Town / Village): EERSTERIVIER
58. Date of Burial: 20260617
59. Grave No. (if available):
Place signed: BLACKHEATH
Date signed: 20260622
Signature: [Signature]

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner): 6606299196085
61. Surname: VAN DER BERG
62. Forenames: COLLIN ANDRIEN
Place signed: BLACKHEATH
Date signed: 20260622
Signature: [Signature]

Office stamp of funeral undertaker

Sweet Victory Funeral Services
22 Electron Str. Blackheath
Cape Town. 7581
Cell: 062 662 2438 / 073 823 8640
Reg No: 2012/023448/07

F. FOR OFFICIAL USE ONLY

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

64. Surname: ,
65. Forenames: ,
66. Personal No.: ,

Documents included with this notice:

☐ Copy of the deceased's ID ☐ Copy of ID document of the informant
☐ DHA - 6 (if applicable) ☐ DHA - 1660 (if applicable)
☐ Informant ☐ Funeral Undertaker

DHA-1663 was submitted by:

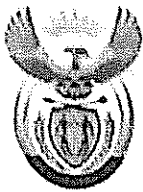
Office stamp of DHA

Strydom
BEGRAFNISDIENSTE
Vat die Gereguleerde Kamer van
021 275 1000

GESERTIFIEER 'N WARE AFSKRIF VAN DIE OORSPRONKELIKE DOKUMENT
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT

Signature / Handtekening

22/06/26
Date/datum



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

J 0735015

83/DHA - 5

ABRIDGED

PARTICULARS FROM THE POPULATION REGISTER
DEATH CERTIFICATE

IDENTITY NUMBER: 080610 0200 08 8

SURNAME: RUITERS

FIRST NAMES: JENNA JASMIN

DATE OF BIRTH: 2008-06-10

GENDER: FEMALE

MARITAL STATUS: NEVER MARRIED

DATE OF DEATH: 2026-06-18

PLACE OF DEATH: CAPE TOWN

CAUSE OF DEATH: NATURAL CAUSES


DATE OF ISSUE: 2026-06-22

ISSUED BY: YKW227



DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
SOMERSET WEST
2026 -06- 22
7130
REGIONAL REPRESENTATIVE (03)

SRA

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
RUITERS
Names:
JENNA JASMIN
Sex:
F
Nationality:
RSA
Identity Number:
0808100200088
Date of Birth:
10 JUN 2008
Country of Birth:
RSA
Status:
CITIZEN





Signature:
J. Ruiters

Conditions: Date of Issue:
09 SEP 2024

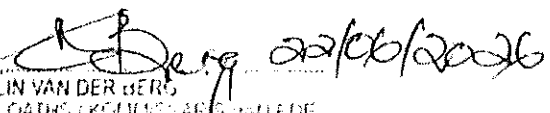
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For inquiry or verification purposes contact 0800 90 11 90

425430104

CERTIFIED A TRUE COPY OF THE ORIGINAL
"SERTIFISEER 'N WARE AFSKRIF VAN OORSPRONKELIK"


COLLIN VAN DER BERG
COMMISSIONER OF OATHS / KOMMISSARIS VAN EDE
FEDERAL DIRECTOR
36 LACUS STREET, PERM GARDENS, EERSTE RIVER
7100



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

08/06/10

Serial number of
DHA-1663

00000000

Bar-code number of DHA-1663

16637386046

A. PARTICULARS OF DECEASED

Identity number

080610 0000 0000

Date of birth

08/06/10

Passport number
(if foreigner)

00000000

Date of death

08/06/10

Citizenship

SOUTH AFRICAN

Sex

FEMALE

Surname

RUIJTERS

Previous or Maiden
surname

STENNA JASMIN

Forenames

STENNA JASMIN

Place of death:
City/Town

ROUSTRIVER

Province

WTC

Place of burial:
City/Town

00000000

Province

WTC

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 to 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 informant)

Surname

00000000

Forenames

00000000

Persal No.

00000000

Documents included with this notice:

☐ Copy of the deceased's ID/passport

☐ Informant

DHA-1663 was submitted by:

Identity Number of Recipient:

Identity number

If Funeral Undertaker:

Designation number

Signature of recipient

Date received

Strydom
BEGRAFNISDIENSTE
DE WATERSKAP VAN DIE OORSTROMING
27/06/26
Date/Datum

GESERTIFIEERDE WARE AFSKRIF VAN DIE OORSPRONKELIKE DOKUMENT
CERTIFIED TRUE COPY OF THE ORIGINAL DOCUMENT

SIGNATURE OF INFORMANT

DEPARTMENT OF HOME AFFAIRS
SOMERSET WEST
2026 -06- 22
7130
REGIONAL REPRESENTATIVE (03)

STRYDOM

BEGRAFNISDIENSTE

33 Adderley Street,
Oudtshoorn, 6620
Tel: 044 279 1009

INVOICE

Invoice No:	INV422583
Date:	23/06/2026
BB No:	BB01004/2026

INVOICE UITGEMAAK AAN

Naam van Kliënt / Informant: Andrew Ruiters
ID Nommer: 7710225079083
Verhouding: Pa
Kontaknommer: 074 4460047
Adres:

ORLEDENE SE BESONDERHEDE

Naam & Van: Jenna Ruiters
ID Nommer: 0806100200088
Geboortedatum: 10/06/2008
Datum van Afsterwe: 18/06/2026
Sterfplek: Groote schuur Hospital
Dorp: Kies dorp
Begrafnisdatum: 27/06/2026

ID	BESKRYWING	DORP / OPSIE	QTY	BEDRAG (R)	TOTAAL (R)
Alg	Verwydering van liggaam		1	3850	R 3850.00
	Verkoeling Fooie		1	0	R 0.00
	Registrasie van sterfte		1	450	R 450.00
	Programme		80	0	R 0.00
	Kiskrans		1	450	R 450.00
	Kruis met Naamplaat		1	250	R 250.00
	Professionele Dienste		1	2800	R 2800.00
	Water by Graf (30)		24	0	R 0.00
	Graftoerusting		1	0	R 0.00
	Lyksa		1	0	R 0.00
	Kis		1	700	R 700.00
Graf	Graf Oudtshoorn	Oudtshoorn	1	850	R 850.00
Bus	Bus Vervoer	Oudtshoorn	1	1800	R 1800.00
	Familie Vervoer	Oudtshoorn	1	1000	R 1000.00
	Transportation of Deceased	Oudtshoorn	1	4500	R 4500.00

SUBTOTAAL

R 16650.00

MINDER: POLISWAARDE

R

MINDER: AFSLAG

R

BEDRAG

BETAALBAAR

R 16650.00

BANKBESONDERHEDE

Bank: Standard Bank
Rekeningnaam: K2015186495 t/a Strydom Funeral Home
Rekeningnommer: 330071173
Tak Kode: 050514
Verwysing: INV422583 / BB01004/2026

*Dankie dat u Strydom Begrafnisdienste vertrou in u tyd van verlies.
"Ons help u, al het u nie 'n polis by ons nie."*

Strydom

027 Plume Street 02
To whom it may
Oudtshoorn, 6625

BEGRAFNISSDIENSTE
Uit die Gemeenskap vir die Gemeenskap
044 279 1009

Plume Street
concern Postbus / Po Box 667

Tel: 044 279 1009
Epos/Email: strydomfuneralhome@gmail.com
RegNo: 2015/186495/07

OUDTSHOORN BEGRAAFPLAAS GRAF BESPREKINGS VORM

Besonderhede van oordedene		Besonderhede van naasbestaande	
Naam en van: <u>Jenna Kuipers</u>		Naam en van: <u>Leucius C</u>	
Laaste woonadres: _____		Verwantskap: <u>moeder</u>	
DOB: _____ DOD: _____		Kontak Nr: <u>076 186 7543</u>	
GRAF BESPREKING			
Datum van begrafenis: <u>2020/06/27</u>		Ondernemer: <u>Strydom</u> Kont/Deernis	
Besonderhede vir graf (bv 6/8 ft. uitbou, bespreekte plot, ens)			
<u>6ft-deernis</u>			

- Neem asb kennis dat indien 'n begrafenis gedurende die week plaasvind MOET hierdie kantoor twee werksdae kennis gegee word vir die grawe van die perseel. Alle dokumente (Verwyderings order, doodsertifikaat en bewys van betaling) MOET VOOR DIE BEGRAFENIS INGEHANDIG word.
- Die sluiting vir bespreking van grafte gedurende NAWEKE SLUIT DONDERDAE OM 12:00. Alle dokumente (verwyderings order, doodsertifikaat en bewys van betaling) moet by die kantoor Parke en Rekreasie te Lemon 'n Lime ingehandig word.
- Alle grafte wat geboek word moet deur die betrokkenes by die begraafplaas besoek word gedurende kantoor ure (Vrydae, 07:30 tot 13:00) om te verseker dat u die korrekte graf. Geen grafte gaan meer in die toekoms na-uurs uitgewys word nie.
- Oprigting van grafstene sal slegs toegelaat word indien 'n bewys van betaling getoon word by Begraafplaas toesighouer.

Strydom

Munisipaliteit Goedgekeur. / Afgekeur

S. Marais

23/06/20

[Signature]

23/06/2020

BESPREK DEUR

DATUM

Goedgekeur Deur

Datum