



**Company name** STRYDOM FUNERALS  
**Registration Number** 2015/186495/07  
**Contact number** STRYDOM FUNERALS  
**Email address** strydomfuneralhome@gmail.com  
**Physical address** ADDERLEYSTREET 33 OUDTSHOORN

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## BURIAL CONFIRMATION

This letter serves as proof that STRYDOM FUNERALS will be conducting the burial service for Jacobus Koen who passed away on 16/06/2026. The burial services is scheduled to take place on 04/07/2026 at George

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### The details of the burial is as follows

**Name & Surname** Jacobus Koen  
**Identity Number** 4301265087088  
**Date of Death** 16/06/2026  
**Date of Burial** 04/07/2026  
**Location of Burial** George  
**Society Name** STRYDOM FUNERALS

If you require any additional information or documentation, please do not hesitate to contact us.

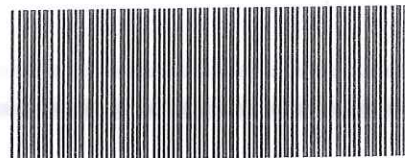


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

[Regulations 11 and 14]



1663J212050

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

20260616

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

GGORGG

4.2 Province of Death/stillbirth

WESTERN CAPE

5. Place of Registration of Death / stillbirth

CHIDTSHAKH

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

7. Home telephone no.

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

4301265087088

9. Age at last birthday if DOB is unknown

10. Date of Birth if there is no ID number

19430126

11. Gender

☒ 11.1 Male

☐ 11.2 Female

☐ 11.3 Indeterminable

12. Surname

KOGN

13. Previous / Maiden Surname

14. Forenames

JACOBUS JOHANNES

15. Usual\* Residential Address: Street

MAPLE STR 447 33

Town

GGORGG

Province

WESTERN CAPE

Postal code

16. Citizenship

16.1 Place of Birth (City / Town / Village)

or Country of Birth, if abroad

16.2 Province of Birth

17. Marital Status of the deceased

☐ 17.1 Single

☐ 17.2 Married

☐ 17.3 Widowed

☐ 17.4 Divorced

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 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

(mark with a ☒)

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, extraterritorial organisations, representatives of foreign governments & other activities not adequately defined

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.

*Stydom*  
DEGRAFNISDIENSTE  
101 79 1000

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

*Stydom*  
101 79 1000

25/06/26  
Date of Death



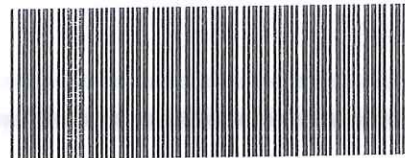


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

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**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. ZN 0787057

24. Surname KOBW

25. Forenames ROBERT MANNGERS SPARKS

26. Name of Health Facility / Practice GEORGE HOSPITAL 27. Facility / Practice No.

28. Business Address: Street 110 DAVISON ROAD

Town GEORGE Province WESTERN CAPE

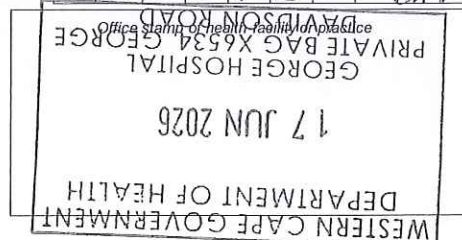
Telephone No. (Office) 044 806 4454 Postal Code 6529

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 George

Date signed 20260617

Signature [Signature]



**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 M M D D

32. Name of Medico-legal Mortuary

33. Mortuary Reference Number of Deceased

34. SAPS Case No.

35. Name of Police Station

36. HPCSA Registration No.

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

37. Surname

38. Forenames

39. Business Address: Street

Town  Province  Postal Code

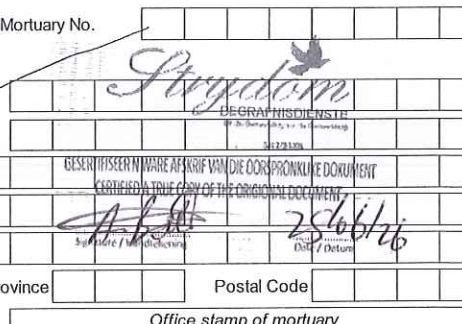
Telephone No. (Office)

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 on 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 Y M M 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) 6202215012085 41. Date of Birth 19620221

42. Citizenship RSA

43. Surname ZAAYMAN

44. Forenames BARHOLOMEUS

45. Residential Address: Street NAPPIER STREET 33

Town GEORGE Province WESTERN CAPE Postal Code 6530

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 20260624



I, the undersigned, certify that the identity of the deceased is true and correct.



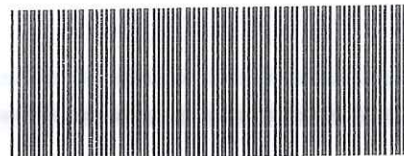


REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

NOTICE OF DEATH / STILLBIRTH

[Births and Deaths Registration Act 51 of 1992]

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1663J212050

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**E. PARTICULARS OF FUNERAL UNDERTAKER**

Instructions: Section E 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 Parlour Strydom Begrafnisdienste

48. DHA Designation No. 0748115 49. Company Reg. No. 2017/18649570

50. SARS Reg. No. (Income tax reference no.) 988091515

Details of Funeral Undertaker or Authorised Representative

51. Identity No. (Passport No. if foreigner) 9101225 27 084

52. Surname Strydom

53. Forenames Alfred

54. Business Address

Street Academy Road

Town OO

Province WC Postal Code

Telephone No. (Office) 044 279 1009 Cellphone No.

55. Date of collection of corpse 20260625 56. Date of Cremation (if applicable) Y Y Y Y M M D D

57. Place of Burial (City / Town / Village) Geary Province

58. Date of Burial 20260630 59. Grave No. (if available)

Place signed OO

Date signed 20260618 Signature [Signature]



Left thumbprint of funeral undertaker

Name of person who collected the deceased:

60. Identity No. (Passport No. if foreigner) 9001280044081

61. Surname VAN WYK

62. Forenames SUZETTE

Place signed GEORGE

63. Date signed 20260618 Signature [Signature]

Office stamp of funeral undertaker

**Strydom Begrafnisdienste**  
Plume Street 02, Oudtshoorn  
Tel: 044 279 1009 079 516 0145  
2015.186495/07 G18/2015

**F. FOR OFFICIAL USE ONLY**

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

64. Surname

65. Forenames

66. Persal No.

Documents included with this notice:

☐ Copy of the deceased's ID ☐ Copy of ID document of the informant

☐ DHA - 6 (if applicable) ☐ DHA - 1680 (if applicable)

☐ Informant ☐ Funeral Undertaker

DHA-1663 was submitted by:

Office stamp of DHA

*Strydom*  
BEGRAFNISDIENSTE  
2017/18649570  
G18/2015  
GESERTIFIEERD NAWA AFSCRIF VAN DIE OORSOONLIKKE DOKUMENT  
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT  
Abel 25/06/26  
Signature / Handtekening Date / Datum

Date of Issue: 10/11/2004

This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1987

If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 60 11 50



000322008

[illegible]REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:

KOEN

JACOBIUS, JOHANNES

**Sex:**

M  
Nationalities

RSA

Identity Number:

4301265087058

JAN 1984

Country of Birth:

RSA

CITIZEN



Signature:

*Phlox*

Conditions:  
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 enquiry or verification purposes contact 0800 00 11 80

Date of Issue:  
18 MAR 2014

000321978



*Strýdom*  
DEGRAFISDIENSTE  
2017/17/17  
GSETHWSEER N WAT OORSKRYF VAN DIE OORSPRONKELIKE DOKUMENT  
CERTIFIED TRUE COPY OF THE ORIGINAL DOCUMENT  
28/6/26  
Handwritten signature



REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:  
ZAAYMAN  
Names:  
BARTHOLOMEUS CORNELIUS  
Sex:  
M  
No. Identifier:  
RSA  
Identity Number:  
6202245012084  
Date of Birth:  
21 FEB 1984  
Country of Birth:  
RSA  
Status:  
CITIZEN



Signature:

Handwritten signature





home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS: OUDTSHOORN

BARTHOLOMEUS CORNELIUS ZAAYMAN

(full names and surname),

ID.no. 6202215012085

, residing at 33 NAPIER STREET

GEORGE

, contact number

and BROTHER

(relationship) of the deceased

JACOBUS JOHANNES KOEN

(full names and surname),

ID.no. 4301265087088

on behalf of the KOEN

(surname) family hereby authorise the appointment of STRYDOM FUNERAL HOME

(funeral parlour/undertaker), business address ADDERLEY STREET

as the representative to register the death (inclusive of birth or marriage  
certificate if required) at Department of Home Affairs.

Signature of family member

(Must be the same as informant on DHA1663)

Signature of Appointed Funeral Undertaker

Date: 2026-06-24

Name: Roan

Appointment no.: 19711

Date: 2026-06-25

Left thumbprint of family member



Funeral Parlour Stamp

STRYDOM  
FUNERAL HOME  
2015-186495/07  
BTW No: 9880915153  
Plume Str 2, Oudtshoorn, 6625  
TEL: 044 279 1959 SEL: 079 516 0145

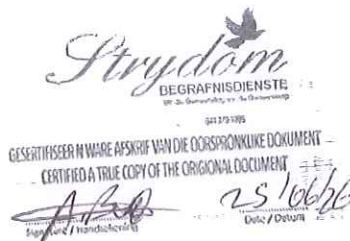
*Strydom*  
DEGRAFISDIENSTE  
34221706

GESERTIFISEERDE AFSKRIF VAN DIE OORSpronKlike DOKUMENT  
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT

*Akub*  
Date / Datum

25/06/26

\*NB - INCOMPLETE DOCUMENT WILL NOT BE ACCEPTED  
NO ALTERATIONS TO BE MADE TO THIS DOCUMENT



home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 8358994

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

ABRIDGED  
DEATH CERTIFICATE

IDENTITY NUMBER: 430126 5087 08 8

SURNAME: KOEN

FIRST NAMES: JACOBUS JOHANNES

DATE OF BIRTH: 1943-01-26

GENDER: MALE

MARITAL STATUS: WIDOWER

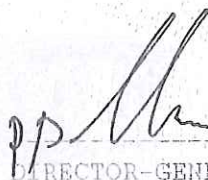
DATE OF DEATH: 2026-06-16

PLACE OF DEATH: GEORGE

CAUSE OF DEATH: NATURAL CAUSES

DATE OF ISSUE: 2026-06-25

ISSUED BY: YGV211

  
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS	
PRIVATE BAG X1 BRIDGTON OUDTSHOORN 6623	
2026 -06- 25	
MEDIUM OFFICE	
OUDTSHOORN	(18)





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

2026 06 25

Serial number of  
DHA-1663

Bar-code number of DHA-1663

1663 J212050

**A. PARTICULARS OF DECEASED**

Identity number

450126 5087 088

Date of birth

1943 01 26

Passport number  
(if foreigner)

Date of death

2026 06 16

Citizenship

RSA

Sex

Male

Surname

Keen

Previous or Maiden  
surname

Forenames

Jacobus Johannes

Place of death:  
City/Town

George

Province

WC

Place of burial:  
City/Town

George

Province

WC

Cause of death

Natural ☒ Unnatural ☐ Under investigation ☐

*Strydom*  
DEGRAFISDIENSTE  
1023 9305  
GESERTIFISEERD WARE AFSKRIF VAN DIE OORSPRONKELIKE DOCUMENT  
CERTIFIED A TRUE COPY OF THE ORIGINAL DOCUMENT  
25/06/26  
Date of Issue

**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

Ueckermann

Forenames

Robert Vuyhans

Persal No.

20091202

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

910102 5707 084

If Funeral Undertaker:

Designation number

GG 18/2015

Signature of recipient

Date received

2026 06 25

