

FORM 5
SWORN AFFIDAVIT BY PERSON WHO INTENDS TO ATTEND A FUNERAL IN ANOTHER
PROVINCE/METROPOLITAN AREA/DISCTRICT
Regulation 18(7)

- Note:** 1. A person giving false information on this affidavit shall be guilty of an offence and, on conviction, liable to a fine or to imprisonment for a period not exceeding six months or to both such fine and imprisonment.
2. This affidavit may only be sworn to or affirmed at a magistrate's court or police station.

I,

Full names:			
Surname:			
Identity Number:			
Address of place of residence:			
Province of Residence:			
Contact details:	Cell nr.	Tel Nr(W)	E-mail address
District of funeral:			
Province in which funeral will take place:			

Hereby declare under oath with regards to the deceased:

Names of deceased:			
Surname of Deceased:			
Relationship /Affiliation to the deceased(e.g. spouse /parent)			
I am not in possession of the death certificate for the reasons set out, and a copy of the letter from a cultural or religious leader is attached:	Yes		No
Date of funeral:			
Province in which funeral will take place:			
*City/town/village of funeral:			

***OATH/AFFIRMATION**

I, _____ (full names), identity number _____, hereby declare under *oath/affirmation that the Above-mentioned information is true and correct.

Signed at _____, on this _____ day _____ 2020

Signature of deponent

CERTIFICATION

I hereby certify that before administering the *oath/taking the affirmation, I asked the deponent the following questions and noted *his/her answers in *his/her presence as indicated below:

a) Do you know and understand the contents of the above declaration?

Answer: _____

b) Do you have any objection to taking the *oath/affirmation?

Answer: _____

c) Do you consider the *oath/affirmation to be binding on your conscience?

Answer: _____

I hereby certify that the deponent has acknowledged that *he/she knows and understands the content of this declaration which was *sworn to/affirmed before me, and the deponent's signature was placed thereon in my presence.

Signed at _____ on this _____ day of _____ 2020

**Justice of Peace/Commissioner of Oaths*

Full name: _____

Designation: _____

Business

Address: _____

