

FORM 5
SWORN AFFIDAVIT BY PERSON WHO WISHES TO ATTEND A FUNERAL IN ANOTHER
PROVINCE/METROPOLITAN AREA/DISTRICT
 Regulations 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 No (h)		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(eg 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 of _____ 2020.

Signature of person making affidavit

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: _____

I 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 _____ this _____ day of _____ 2020__

*Justice of the Peace/Commissioner of Oaths

Full names: _____

Designation: _____

Business address: _____

*Delete which is not applicable".