Please note that the statements in the affidavits must be in **full sentences.** For example:

- The deceased (name of the deceased) did not have any other children except Jack and Jill.
- The deceased (name of the deceased) did not support any children financially except Jack and Jill.
- The deceased (name of the deceased) did not have any other financial dependants except Jack, Jill and Jane.

Level of dependency can be either:

- **Partial** – the deceased **assisted** the person financially on a regular basis.
- **Full** – the deceased **supported** the person with all his/her financial needs.

AFFIDAVIT

NAME & SURNAME:			
ID NUMBER:		**TEL. NO:**	
ADDRESS:			
E-MAIL / FAX:			
I , the undersigned			
hereby declares as follows:			
What was your relationship to the deceased ?			
Did you live with the deceased ? (if yes, provide the duration of the relationship and date from which you lived together)			

If you did not live with the deceased, who lived with the deceased ?
Were you financially dependent on the deceased? (if yes, provide the level of dependency, the amount of support and attach proof)
Are you employed ? (if yes, provide employer's details, your occupation and the salary received)
Was the deceased in a relationship at the time of death ? (if yes, provide the person's details)
Did the deceased have any children ? (if yes, provide the children's details)
Did the deceased pay maintenance or support any children or person financially? (if yes, provide the children's/persons names, the amount of support and attach proof)

Who are both the parents of the children and who are the children's caregivers/guardians ? (if minor children)
Were there any parents or parents-in-law that the deceased supported financially? (if yes, please provide their names, the level of dependency, amount of support and examples thereof)
Do you receive a state grant or pension? (if yes, provide the amount and the reason thereof)
What is your marital status ?
What is your highest grade or qualification ?
Are you aware of anyone else who may have been financially dependent on the deceased at the time of death? (if yes, provide the person's details).
Are there any other details you would like to disclose ?

I know and understand the contents of this statement.

I have no objection to taking the prescribed oath.

I consider the prescribed oath binding on my conscience.

_____

DEPONENT'S SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the content of this statement. This statement was affirmed / sworn to before me and the signature was placed thereon in my presence at **place** _____ on **(date)** _____**(time)** _____**.**

_____

Signature: Commissioner of Oaths

_____

Full names and surname

_____

Position/Rank

_____

Address of Business/Police Station

Police stamp