



## REPUBLIC OF SOUTH AFRICA

## AFFIDAVIT

## PARTICULARS OF NEXT-OF-KIN

I, .....  
 of.....  
 .....

\*do hereby make oath and say/affirm that within is a true and complete statement of the next-of-kin of the deceased, and I make this statement conscientiously, believing the same to be true.

.....  
*Signature*

.....  
*Print Name and Surname*

Signed and \*sworn to/affirmed before me

at.....

this..... day of..... in the year.

The deponent has acknowledged that he/she knows and understands the contents of this affidavit and adheres to it.

.....  
*\*Magistrate/Justice of the Peace/Commissioner of Oaths*

Area for which appointed .....

If appointment is held ex officio, state office held.....

\* Delete if not applicable.

\* Separate affidavits in respect of each predeceased child must be completed.

Names and addresses of the next-of-kin of the late.....

who died at..... on .....  
(Place) (Date)

N.B.: The date of death is to be inserted opposite the name of any deceased relative. Against those degrees of relationship in which the deceased never had any relative, the word "NONE" is to be inserted.

Relatives to be accounted	Names of relatives and degree of relationship
1. Surviving spouse:	
2. Children and date of their birth. Also state names of *predeceased children and their dates of death:	
Ignore questions 3, 4 and 5 if the deceased left children or descendants.	
3. Father of deceased: Mother of deceased:	
Ignore questions 4 and 5 if the parents are both alive.	
4 Brothers and sisters of the deceased. State whether full or half blood, and their addresses and dates of birth. State the name of the step-parent of half brothers and half sisters:	
5. Names of brothers and sisters who are dead, date of deaths, and names, addresses and dates of birth of their children, if any	