



**the doj & cd**

Department:  
Justice and Constitutional Development  
REPUBLIC OF SOUTH AFRICA

## AFFIDAVIT / AFFIRMATION

I, (full names) \_\_\_\_\_

Identity number \_\_\_\_\_

of (address) \_\_\_\_\_

### Declare as follows

The deceased (name & ID number) \_\_\_\_\_

and I (name of surviving partner) \_\_\_\_\_

- (a) were partners in a permanent life partnership; and
- (b) undertook a mutual agreement of support; and
- (c) we cohabitated at the following address: \_\_\_\_\_

- (d) the partnership still existed at the time of death of the deceased.

The following facts are submitted as proof of a mutual agreement of support:

*This must include all of the following or additional information, by way of an affidavit/affirmation and supporting documents should be attached:*

- i) the length of the relationship;
- ii) that the relationship was exclusive of other persons;
- iii) that the parties shared family responsibilities;
- iv) affidavits confirming the extent to which the partners were acknowledged by friends and family as life partners;
- v) the respective ages of the partners;
- vi) whether the partners took part in a ceremony manifesting their intention to enter into a permanent partnership, what the nature of that ceremony was and who attended it;
- vii) whether the partners share a common abode;
- viii) whether the partners own or lease the common abode jointly;
- ix) whether and to what extent the partners share responsibility for living expenses and the upkeep for the joint home;
- x) whether and to what extent one partner provides financial support for the other;
- xi) whether and to what extent the partners have made provision for one another in relation to medical, pension and related benefits;
- xii) whether there is a partnership agreement and what its contents are;
- xiii) whether and to what extent the partners have made provision in their wills for one another;
- xiv) whether the cohabitants have children; and
- xv) whether they have associated in public as an intimate couple

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**Signature of deponent:** \_\_\_\_\_

I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote his/her answers in his/her presence.

- (a) Do you know and understand the contents of the affidavit/affirmation?  
Answer: \_\_\_\_\_
- (b) Do you have any objection to taking the prescribed oath/affirmation?  
Answer: \_\_\_\_\_
- (c) Do you consider the prescribed oath/affirmation as binding on your conscience?  
Answer: \_\_\_\_\_

I have satisfied myself as to the identity of the deponent and certify that the deponent has acknowledged that he/she knows and understands the contents of the declaration.

The above signature/mark of the deponent has been affixed to the affidavit /affirmation in my presence.

Signed and sworn to/affirmed before me at \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
**Signature of Commissioner of Oaths**

Full names of Commissioner of Oaths: \_\_\_\_\_

Address of Commissioner of Oaths: \_\_\_\_\_

Area for which appointed \_\_\_\_\_