

CASE NO.
FORM 07-04
EXPLANATORY NOTES:
Implementation date: 03/05/99

 SECTIONS 1 - 4 TO BE COMPLETED FOR **BOTH** HUSBAND AND WIFE.
 SECTIONS 5 - 10 TO BE COMPLETED BY THE PLAINTIFF.

	Husband	Wife																								
1. IDENTITY																										
1.1 Name and surname																								
1.2 Current address (or last known address)																								
1.3 Identity number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																								
1.4 Population group ¹	<input type="checkbox"/> African/Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):.....	<input type="checkbox"/> African/Black <input type="checkbox"/> Coloured <input type="checkbox"/> Indian/Asian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):.....																								
1.5 Occupation at time of divorce																								
1.6 Plaintiff ¹	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife																								
2. MARITAL STATUS AT TIME OF MARRIAGE¹	<input type="checkbox"/> Never married <input type="checkbox"/> Widower <input type="checkbox"/> Divorcee <input type="checkbox"/> Married	<input type="checkbox"/> Never married <input type="checkbox"/> Widow <input type="checkbox"/> Divorcee																								
3. NUMBER OF TIMES MARRIED (including current marriage)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																								
4. AGE AT TIME OF DIVORCE APPLICATION	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																								
5. DATE OF SEPARATION	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year																									
6. PRESENT MARRIAGE SOLEMNIZED¹	<input type="checkbox"/> Church <input type="checkbox"/> Dept of Home Affairs <input type="checkbox"/> Magistrate's office <input type="checkbox"/> Mosque <input type="checkbox"/> Synagogue <input type="checkbox"/> Customary rites <input type="checkbox"/> Other religious buildings <input type="checkbox"/> Other																									
7. MATRIMONIAL PROPERTY SYSTEM¹	<input type="checkbox"/> In community of property <input type="checkbox"/> Out of community of property <input type="checkbox"/> Out of community of property (excluding accrual system) <input type="checkbox"/> Out of community of property (including accrual system) <input type="checkbox"/> Other(Specify):.....																									
8. NUMBER OF MINOR CHILDREN INVOLVED	<input type="text"/> <input type="text"/>																									
9. AGE AND GENDER OF MINOR CHILDREN INVOLVED (under 18 years) 1 = Male 2 = Female	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Age</th> <th style="width: 12.5%;">Gender</th> <th style="width: 12.5%;">Age</th> <th style="width: 12.5%;">Gender</th> <th style="width: 12.5%;">Age</th> <th style="width: 12.5%;">Gender</th> <th style="width: 12.5%;">Age</th> <th style="width: 12.5%;">Gender</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 1</td> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 3</td> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 5</td> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 7</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 2</td> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 4</td> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 6</td> <td><input type="text"/> <input type="text"/></td> <td><input type="checkbox"/> Child 8</td> </tr> </tbody> </table>		Age	Gender	Age	Gender	Age	Gender	Age	Gender	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 1	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 3	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 5	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 7	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 2	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 4	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 6	<input type="text"/> <input type="text"/>	<input type="checkbox"/> Child 8
Age	Gender	Age	Gender	Age	Gender	Age	Gender																			
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10. DATE OF MARRIAGE	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year																									
NB SECTIONS 11 - 12 TO BE COMPLETED BY THE REGISTRAR																										
11. DATE OF DIVORCE	<input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year																									
12. HIGH COURT/FAMILY COURT																									

¹Mark applicable block with a cross (x)

REGISTRAR:

Note: Copies of this form can be obtained from: Directorate of Vital Statistics, Statistics South Africa, Private Bag X44, Pretoria 0001. The Afrikaans version is at the back. Copies of the form in the other official languages would be sent upon request. If children are more than eight (8) please fill in another form and attach it to this one.