

Third party affidavit on deceased

Note: Affidavit should be completed by a person who is NOT a dependant or nominee.

1

Personal details

I, the undersigned (ID


My address is.....

My contact number(s) is/are:

2

Sworn statement by the person filling in this form

My relationship to the deceased is:



Example:

- Brother
- Father
- Neighbour
- Sister
- Pastor
- Child

Do hereby state under oath as follows:

1. I know the deceased,
 (ID) from

2. The contents of this affidavit are to the best of my knowledge both true and correct.

3. According to my knowledge the following people were financially dependent on the deceased:

Name	Relationship to the deceased	Stayed with / did not stay with the deceased	Contact details (if known)	Financially dependent on the deceased (if known) No / Yes Fully / Yes Partially	ID no's or date of births of the beneficiaries	Current status (e.g. minor, employed, unemployed, retired, full-time student, disabled etc.)	Any other relevant information

4. According to my knowledge the deceased did not have any other financial dependents.
(If you disagree with this statement, please add an explanation below.)

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.....
.....

5. Any other information relating to the deceased family or dependants:

.....
.....
.....

I know and understand the contents of this affidavit. I have no objection to taking the prescribed oath and consider the oath to be binding on my conscience.

Signed at on this the day of 20

.....
.....
Name **Signature**

3 Statement by a Commissioner of Oaths

I certify that the deponent has acknowledged that he knows and understands the contents of this affidavit, which was sworn to before me, and the deponent's signature was placed thereon in my presence at

..... on

.....

Commissioner of Oaths (ex officio)