

**STATISTICS OF DIVORCES**
**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																								
<b>1. IDENTITY</b>																										
1.1 Name and surname	.....	.....																								
1.2 Current address (or last known address)	.....	.....																								
1.3 Identity number	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>																								
1.4 Population group <sup>1</sup>	<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 <sup>1</sup>	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife																								
<b>2. MARITAL STATUS AT TIME OF MARRIAGE<sup>1</sup></b>	<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																								
<b>3. NUMBER OF TIMES MARRIED (including current marriage)</b>	<div> <div></div><div></div> </div>	<div> <div></div><div></div> </div>																								
<b>4. AGE AT TIME OF DIVORCE APPLICATION</b>	<div> <div></div><div></div> </div>	<div> <div></div><div></div> </div>																								
<b>5. DATE OF SEPARATION</b>	<div> <div></div><div></div> Day    <div></div><div></div> Month    <div></div><div></div><div></div><div></div> Year         </div>																									
<b>6. PRESENT MARRIAGE SOLEMNIZED<sup>1</sup></b>	<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																									
<b>7. MATRIMONIAL PROPERTY SYSTEM<sup>1</sup></b>	<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):.....																									
<b>8. NUMBER OF MINOR CHILDREN INVOLVED</b>	<div> <div></div><div></div> </div>																									
<b>9. AGE AND GENDER OF MINOR CHILDREN INVOLVED (under 18 years)</b> 1 = Male 2 = Female	<table border="0"> <tr> <td>Age</td><td>Gender</td><td>Age</td><td>Gender</td><td>Age</td><td>Gender</td><td>Age</td><td>Gender</td></tr> <tr> <td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 1</td><td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 3</td><td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 5</td><td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 7</td></tr> <tr> <td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 2</td><td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 4</td><td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 6</td><td><div><div></div><div></div></div></td><td><input type="checkbox"/> Child 8</td></tr> </table>		Age	Gender	Age	Gender	Age	Gender	Age	Gender	<div><div></div><div></div></div>	<input type="checkbox"/> Child 1	<div><div></div><div></div></div>	<input type="checkbox"/> Child 3	<div><div></div><div></div></div>	<input type="checkbox"/> Child 5	<div><div></div><div></div></div>	<input type="checkbox"/> Child 7	<div><div></div><div></div></div>	<input type="checkbox"/> Child 2	<div><div></div><div></div></div>	<input type="checkbox"/> Child 4	<div><div></div><div></div></div>	<input type="checkbox"/> Child 6	<div><div></div><div></div></div>	<input type="checkbox"/> Child 8
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<div><div></div><div></div></div>	<input type="checkbox"/> Child 2	<div><div></div><div></div></div>	<input type="checkbox"/> Child 4	<div><div></div><div></div></div>	<input type="checkbox"/> Child 6	<div><div></div><div></div></div>	<input type="checkbox"/> Child 8																			
<b>10. DATE OF MARRIAGE</b>	<div> <div></div><div></div> Day    <div></div><div></div> Month    <div></div><div></div><div></div><div></div> Year         </div>																									

**NB SECTIONS 11 - 12 TO BE COMPLETED BY THE REGISTRAR**

<b>11. DATE OF DIVORCE</b>	<div> <div></div><div></div> Day    <div></div><div></div> Month    <div></div><div></div><div></div><div></div> Year         </div>
<b>12. HIGH COURT/FAMILY COURT</b>	.....

<sup>1</sup>Mark 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.