

CASE NO.



stats sa
 Department:
 Statistics South Africa
 REPUBLIC OF SOUTH AFRICA

FORM 07-04

STATISTICS OF DIVORCES

Instructions:

SECTIONS 1 - 3 TO BE COMPLETED FOR **BOTH** HUSBAND AND WIFE.
 SECTIONS 4 - 12 TO BE COMPLETED BY THE PLAINTIFF

Implementation date: 01/01/13

1=Mark applicable block with a cross (X)

	Husband / Spouse / Partner	Wife / Spouse / Partner																								
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"/>																								
1.4 Population group ¹	<input type="checkbox"/> African/Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Indian/Asian <input type="checkbox"/> Other (Specify):	<input type="checkbox"/> African/Black <input type="checkbox"/> Coloured <input type="checkbox"/> White <input type="checkbox"/> Indian/Asian <input type="checkbox"/> Other (Specify):																								
1.5 Occupation at time of divorce																										
1.6 Industry																										
2. MARITAL STATUS AT TIME OF MARRIAGE¹	<input type="checkbox"/> Never married <input type="checkbox"/> Widower <input type="checkbox"/> Divorcee	<input type="checkbox"/> Never married <input type="checkbox"/> Widow <input type="checkbox"/> Divorcee																								
3. NUMBER OF TIMES DIVORCED (including current divorce)	<input type="text"/>	<input type="text"/>																								
4. TYPE OF MARRIAGE	<input type="checkbox"/> Civil marriage <input type="checkbox"/> Customary marriage <input type="checkbox"/> Civil union <input type="checkbox"/> Other (Specify):																									
5. PLAINTIFF¹	<input type="checkbox"/> Husband / Spouse / Partner <input type="checkbox"/> Wife / Spouse / Partner																									
6. INVOLVED IN POLYGAMOUS MARRIAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
7. WHERE WAS THE MARRIAGE SOLEMNISED¹	<input type="checkbox"/> Church <input type="checkbox"/> Dept of Home Affairs <input type="checkbox"/> Magistrate's office <input type="checkbox"/> Mosque <input type="checkbox"/> Customary rites <input type="checkbox"/> Synagogue <input type="checkbox"/> Other religious buildings <input type="checkbox"/> Other (Specify):																									
8. MATRIMONIAL PROPERTY SYSTEM¹	<input type="checkbox"/> In 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):																									
9. NUMBER OF MINOR CHILDREN INVOLVED	<input type="text"/>																									
10. AGE AND SEX OF MINOR CHILDREN INVOLVED (under 18 years) 1 = Male 2 = Female	<table border="0"> <tr> <td>Child 1</td> <td>Child 2</td> <td>Child 3</td> <td>Child 4</td> </tr> <tr> <td>Sex Age</td> <td>Sex Age</td> <td>Sex Age</td> <td>Sex Age</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Child 5</td> <td>Child 6</td> <td>Child 7</td> <td>Child 8</td> </tr> <tr> <td>Sex Age</td> <td>Sex Age</td> <td>Sex Age</td> <td>Sex Age</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Child 1	Child 2	Child 3	Child 4	Sex Age	Sex Age	Sex Age	Sex Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child 5	Child 6	Child 7	Child 8	Sex Age	Sex Age	Sex Age	Sex Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sex Age	Sex Age	Sex Age	Sex Age																							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																							
11. THE MAIN GROUNDS FOR DIVORCE	<input type="checkbox"/> Adultery <input type="checkbox"/> Desertion <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Medical Insanity <input type="checkbox"/> Childlessness <input type="checkbox"/> Imprisonment <input type="checkbox"/> Abuse <input type="checkbox"/> Other (Specify):																									
12. DATE OF MARRIAGE	Day Month Year <input type="text"/>																									

NB SECTIONS 13 - 14 TO BE COMPLETED BY THE REGISTRAR

13. DATE OF DIVORCE	Day Month Year <input type="text"/>
14. COURT NAME

REGISTRAR: Signature: Date: Stamp:

Note: Copies of this form can be obtained from: Health and Vital Statistics Directorate, Statistics South Africa, Private Bag X44, Pretoria 0001. 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.