

**STATISTICS OF DIVORCES**

**CASE NO.**

**FORM 07-04**

**EXPLANATORY NOTES:**  
 SECTIONS 1 - 4 TO BE COMPLETED FOR **BOTH** HUSBAND AND WIFE.  
 SECTIONS 5 - 11 TO BE COMPLETED BY THE PLAINTIFF.

**Implementation date: 01/01/12**

<sup>1</sup> Mark applicable block with a cross (x)

	Husband / Spouse 1	Wife / Spouse 2																								
<b>1. IDENTITY</b>																										
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 <sup>1</sup>	<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	.....	.....																								
<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"/> Never married <input type="checkbox"/> Widow <input type="checkbox"/> Divorcee																								
<b>3. NUMBER OF TIMES MARRIED (including current marriage)</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>																								
<b>4. TYPE OF MARRIAGE</b>	<input type="checkbox"/> Civil marriage <input type="checkbox"/> Customary marriage <input type="checkbox"/> Civil union <input type="checkbox"/> Other (Specify).....																									
<b>5. Plaintiff<sup>1</sup></b>	<input type="checkbox"/> Husband / Spouse 1	<input type="checkbox"/> Wife / Spouse 2																								
<b>6. INVOLVED IN POLYGAMOUS MARRIAGE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No																									
<b>7. WHERE WAS THE MARRIAGE SOLEMNISED<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 (Specify):.....																									
<b>8. 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>9. NUMBER OF MINOR CHILDREN INVOLVED (under 18 years)</b>	<input type="text"/> <input type="text"/>																									
<b>10. AGE AND SEX OF MINOR CHILDREN INVOLVED (under 18 years)</b> 1 = Male 2 = Female	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Age</td> <td style="text-align: center;">Sex</td> </tr> <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> </table>	Age	Sex	Age	Sex	Age	Sex	Age	Sex	<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	Sex	Age	Sex	Age	Sex	Age	Sex																			
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<b>11. THE MAIN GROUNDS FOR DIVORCE</b>	<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):.....																									
<b>12. DATE OF MARRIAGE</b>	<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**

<b>13. DATE OF DIVORCE</b>	<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
<b>14. COURT NAME</b>	.....

**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.