



CASE NO.

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)**

1. IDENTITY	Husband / Spouse / Partner	Wife / Spouse / Partner																											
1.1 Name and surname																													
1.2 Current address (or last known address)																													
1.3 Identity number																													
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																													
2. MARITAL STATUS AT TIME OF MARRIAGE <sup>1</sup>	<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)																													
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. PLAINTIFF <sup>1</sup>	<input type="checkbox"/> Husband / Spouse 1 <input type="checkbox"/> Wife / Spouse 2																												
6. INVOLVED IN POLYGAMOUS MARRIAGE	<input type="checkbox"/> Yes <input type="checkbox"/> No																												
7. WHERE WAS THE MARRIAGE SOLEMNISED <sup>1</sup>	<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"/> Other religious buildings <input type="checkbox"/> Other (Specify):.....																												
8. MATRIMONIAL PROPERTY SYSTEM <sup>1</sup>	<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 (under 18 years)																													
10. AGE AND SEX OF MINOR CHILDREN INVOLVED (under 18 years) 1 = Male 2 = Female	<table border="0"> <thead> <tr> <th></th> <th>Age</th> <th>Sex</th> <th></th> <th>Age</th> <th>Sex</th> <th></th> <th>Age</th> <th>Sex</th> </tr> </thead> <tbody> <tr> <td>Child 1</td> <td></td> <td></td> <td>Child 3</td> <td></td> <td></td> <td>Child 5</td> <td></td> <td></td> </tr> <tr> <td>Child 2</td> <td></td> <td></td> <td>Child 4</td> <td></td> <td></td> <td>Child 6</td> <td></td> <td></td> </tr> </tbody> </table>			Age	Sex		Age	Sex		Age	Sex	Child 1			Child 3			Child 5			Child 2			Child 4			Child 6		
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Child 1			Child 3			Child 5																							
Child 2			Child 4			Child 6																							
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"/> Imprisonment <input type="checkbox"/> Abuse <input type="checkbox"/> Other(Specify):.....																												
12. DATE OF MARRIAGE	Day Month Year																												

## NB SECTIONS 13 - 14 TO BE COMPLETED BY THE REGISTRAR

13. DATE OF DIVORCE	Day Month Year
14. COURT NAME	

REGISTRAR: .....

**Note:** Copies of this form can be obtained from: Health and Vital Statistics Directorate, Statistics South Africa, Private Bag X44, Pretoria 0001. If children are more than six (6) please fill in another form and attach it to this one.