

# AFFIDAVIT

(To be signed in the presence of a Commissioner of Oaths)

I,

\_\_\_\_\_

ID-Number:

\_\_\_\_\_

Residential address:

\_\_\_\_\_

Work address:

\_\_\_\_\_

Tel:

(w)

(h)

(cell)

\_\_\_\_\_

**Declare under oath in English / confirm in English –**

The child mentioned below was subject to the following:

Physical Abuse	
Sexual abuse	
Emotional abuse	
Deliberate neglect	
Endangerment	
Abandonment	

Name of child:

\_\_\_\_\_

Age:

\_\_\_\_\_

ID number or date of birth:

\_\_\_\_\_

Address:

\_\_\_\_\_

Mother's name:

\_\_\_\_\_

Father's name:

\_\_\_\_\_

Detailed description of the abuse/neglect/endangerment/abandonment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

