## AFFIDAVIT FOR A FOSTER CHILD GRANT



## I, the undersigned

Surname																					
Full names																					
Identity Number																		Ag	e		
Residing at (physical address)																					
														P	osta	I C	ode	•			
Do hereby state under oath that I am applying for a Foster Care Grant for the following child(ren):																					
1 Name & Surname											ID No										

2	Name & Surname	ID No.						
3	Name & Surname	ID No.						
4	Name & Surname	ID No.						
5	Name & Surname	ID No.						
6	Name & Surname	ID No.						

The child(ren) mentioned above has been placed into my Foster Care in terms of the Children's Act 2005.

I confirm that the child(ren) resides with me, and does not reside in a State Funded Institution.

			Ma	(mark appropriate	box with <b>X</b> )					
		Married		Unmarried						
In community	Out of community	Civil Union	Customary Union	Asiatic Religion	Never Married	Divorced	Widow / Widower	Deserted > 3 months		

To be completed if Married / Divorced / Widow(er)

My (ex) spouse / partner's full names & surname								
	ID							

State reasons if applicant does not have any of the following documents for his/her (ex) spouse or partner.

Document	Reason
ID Document	
Decree of Divorce	
Death Certificate	

## Declaration

I declare that all information furnished in this affidavit is to the best of my knowledge true and correct. I have no objection to taking the prescribed oath and I consider the prescribed oath to be binding on my conscience.

Deponent's Signature / Thumb Print	I certify that the deponent has acknowledged that he / she knows and understand the contents of this declaration that was sworn to and affirmed before me and that the deponent's signature / thumb print was placed in my presence.	Signature: Commissioner of Oaths	Name of Commissioner Rank / Force No.	Commissioner / SAPS Stamp
Date C C Y	Y M M D D Pla	ice		