

AFFIDAVIT
CONFIRMATION OF CHILDREN'S CUSTODY

I,, ID No of
.....(area of residence) in the..... Region, under
Chief Indvuna do

solemnly declare under oath that the following children are under the custody of:

.....(guardian) whose ID No. is

I confirm that he/she is the one responsible for the children's daily needs and manages their
bank accounts.

| <u>Name of Child</u> | <u>Date of Birth</u> | <u>Certificate No.</u> | <u>Mother of child</u> |
|----------------------|----------------------|------------------------|------------------------|
| 1..... | | | |
| 2..... | | | |
| 3..... | | | |
| 4..... | | | |
| 5. | | | |

The deponent acknowledges that she/he fully understands and knows the contents of this
Sworn Affidavit.

Signature: **Relationship to Child/ren:**
(Deponent)

COMMISSIONER OF OATHS:

FULL NAME:

DESIGNATION:

SIGNATURE:

DATE:

COMMISSIONER STAMP