

FORM E

**REQUEST FOR DETERMINATION OF AGE OF MINOR FOR PURPOSES
OF SECTION 5 OF THE RECOGNITION OF CUSTOMARY MARRIAGES
ACT, 1998 (ACT No. 120 OF 1998)**

(Regulation 5)

* Delete whichever is not applicable

To the magistrate:

.....
.....
.....
.....

You are hereby requested to determine the age of the following person:

Forename(s) and surname:
.....

Sex: *Male/*Female.

Alleged age:

Address:
.....
.....
.....

Telephone number:

Remarks by registering officer:
.....
.....
.....
.....
.....

The medical assessment of age by the medical doctor and the following documents are attached:
..... (e.g. sworn statements relating to the age
of the above-mentioned person)

Signed at this day of

.....

Signature of registering officer

Forename(s) and surname of registering officer:

.....

Address of registering officer:

.....

.....

.....

.....

Telephone number: