

FORM F

**ASSESSMENT OF AGE BY MEDICAL DOCTOR 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 doctor:

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

A. You are hereby requested to -

- (i) assess the age of the undermentioned person; and*
- (ii) hand this form, completed by you, to the said person for submission to the Magistrate's Court*

B. Particulars of person:

Forename(s) and surname:

Sex: *Male/*Female.

Alleged age:

Address:

Telephone number:

Remarks by registering officer:

Signed at this day of

.....

Signature of registering officer

Forename(s) and surname of registering officer:

.....

Address of registering officer:

.....

.....

.....

.....

Telephone number:

C. MEDICAL ASSESSMENT OF AGE BY DOCTOR

To the Magistrate:

.....

.....

.....

.....

Ref. No:

I, (name and surname),

a medical doctor, examined the above-mentioned person and recorded the following information:

HEIGHT:

WEIGHT:

BREASTS:

MOLAR TEETH:

PUBIC HAIR:

AXILLARY:

FACIAL:

GENITALS:

OPINION: On the grounds of the above-examination, and *his/her general appearance,
*his/her age is assessed at being between -
..... and years. Most probable age:
..... years.

REMARKS:
.....
.....

Signed at this day of

.....
Signature of doctor