

Permission to conduct essential service of a funeral  
in terms of regulation 11B(3) as published in the  
Government Gazette No. 43148 dated 25 March  
2020

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**AFFIDAVIT**

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I, the undersigned,

..... (full names)

(Identity Number: .....)

do hereby make oath and say that :

1. I am an adult male/female and Rector/Parish Priest in Charge of the Parish of ....., in the Diocese of ....., with its registered address at ....., Road/street, ....., Province and its contact details as appears on this letterhead. (I attach a certified copy of my identity document marked "A"). My personal contact number is .....
2. The facts deposed to herein are within my personal knowledge and are true and correct.
3. I have an Essential Services permit from my Bishop for the purpose of conducting a funeral service. (I attach a certified copy of my essential service permit marked "B")

4. I have been informed that the deceased died as stipulated on the death certificate. I am not aware whether the deceased died of Covid-19 / or I have been informed that the deceased died due to Covid-19. (I attach a certified copy of the death certificate marked "C")

**Note for Priest:**

(please choose the correct version and delete the incorrect one)

5. I will be conducting the funeral service of:

Full Names of deceased:.....

Identity Number:.....

Previous residential Address:

.....  
.....

Address where the service will be

held:.....

Date of the funeral

service:.....

Time of the funeral

service:.....

Estimated duration of the funeral service:

.....

6. I hereby impressed upon the bereaved family or organizers of the funeral service to comply with the below rules and/or regulations and attached a copy of a signed undertaking by the afore mentioned family. (I attach a certified copy of the undertaking marked "D")

6.1 That no night vigil or other service will be conducted in respect of this funeral.

6.2 I have been informed, by the family, that the meeting to arrange the funeral service will be held at:

Address where the meeting will be held:

.....

Date of the meeting:.....

Time of the meeting:.....

Estimated duration of the meeting:

.....

All attendees of this meeting will be required to fill in their full names, addresses and contact numbers and the family has given an undertaking that the above meeting will be held in shortest possible time and that they will comply with the social distance and hygiene requirements.

6.3 That the number of persons detailed in paragraph 6 below, subject to an overall maximum of 50, including family, mourners, children, undertakers and the parish ministers will always be adhered to during the funeral service and at the graveside / crematorium.

- 6.4 That the family has informed me that they have sent out invitations to the mourners that will be attending the service. All attendees of the funeral service at the church will be required to fill in their full names, addresses and contact numbers in a single register.
- 6.5 That, in the event that viewing is allowed, no touching or kissing of the body will be permitted.
- 6.6 That all the hygiene standards in terms of handwashing, coughing and sneezing as well as social distance will be observed as required in terms of the applicable regulations.
- 6.7 The size of the church at which the funeral service is to be held is ..... square meters and in order to meet the 2m social distance, a maximum (all inclusive) number of attendees is .....(=sqm/2). {So need a sqm of 100 to accommodate 50.}
- 6.8 That the family has assured me that the venue in which the funeral service will be conducted is able to accommodate these requirements.

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(NAME OF THE PRIEST)

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SIGNATURE

I certify that the deponent has acknowledged that she knows and understands the contents of this affidavit which was signed and affirmed/sworn to before me at ..... (PLACE) on.....

(day)..... (MONTH) 2020, under compliance with the regulations contained in Government Notice R1258 dated 21 July 1972, (as amended).

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COMMISSIONER OF OATHS

POLICE STATION STAMP