……
……
……
……

The Principal Secretary
Ministry of Home Affairs
P.O. Box 432
Mbabane

DATE:……

FUNERAL PERMIT APPLICATION FORM

I, the undersigned ……

ID No……..do hereby apply to conduct the below funeral on this ……day of……2020/1, during the partial lockdown period for a duration not exceeding 2hrs 30 Minutes.

1. Venue of Funeral: ……
2. Region: ……
3. Chiefdom/Municipality:……
4. Chief/ Sikhulu: ……
5. Indvuna: ……
6. Applicant Contact Details: ……
7. Applicant Email Address: ……

Declaration:

- I declare that all information provided is complete and correct to the best of my knowledge and will ensure complience with all Covid-19 Regulations on gatherings in terms of Regulations 52 of the Disaster Management of 2020. Furthermore, I understand that any false information supplied could lead to my application being disqualified or permit revoked if consent was granted.

Signed at ……on the ..... day of .....

Applicant signature

FOR OFFICIAL USE ONLY

I also declare that the above-mentioned person presented the *death certificate/certified copy of the death certificate/affidavit to ……
Signed at _____, on this _____day of _____2020/1

_____
Signature of Regional Administrator

R.A Stamp