**CONSENT FORM**

SUPREMECOURT OF SOUTH AUSTRALIA

TESTAMENTARY CAUSES JURISDICTION

**In the Estate of [*Name of Deceased*] (Deceased)**

I, [*full name*],[*address and postcode*]and[*occupation of deponent*], [*swear on oath / do truly and solemnly affirm*] that:

1 I am a [*relationship to deceased*] of [*name of deceased*] late of [*address and postcode*] who died at [*suburb and postcode*] on [*date*] leaving a testamentary document dated/undated [*date*] a copy of which is annexed and marked “A”.

2 I am over the age of 18 years and not under any disability affecting my legal capacity.

3 I am informed that [*name of applicant recited in the Originating Application*] seeks an order [*for admission to proof of an informal testamentary document / to admit to proof a testamentary document as contained in a copy / for rectification of a testamentary document / or as the case may be*]. A copy of the [*draft orders / Originating Application*] is annexed and marked “B”.

4 I have had the opportunity to seek and obtain independent legal advice.

5 I understand that my interest may be adversely affected if the Court makes the orders sought on the [*draft orders / Originating Application*] as [include details as to how the deponent is adversely affected].

6 Notwithstanding, I consent to the application / do not object to the application and will abide by the decision of the Court.

[*Sworn/Affirmed*] by the abovenamed deponent at [*place and postcode*] on [*date*].

……………………………………..

[*signature of* *deponent*]

before me ……………………………………..

[*signature of authorised witness*]

[*print name of witness*]

[*print title of authorised witness*]

[*ID number of witness*]