Instructions for completing a statutory declaration

When making the statutory declaration, the declarant must say aloud:

I, *[full name of the person making declaration]* of *[address]*, declare that the contents of this statutory declaration are true and correct.

*The bottom of each page must be initialled or signed by the witness and the declarant.

State of Victoria

Statutory Declaration

I, ...

[full name of person making the declaration]

Of . . . . . .
in the State of Victoria

[address of person making the declaration]

. . . . . .

[occupation of person making the declaration]

Make the following declaration under the **Oaths and Affirmations Act 2018** that**:**

1. I have the day to day care and responsibility of the children named below:

	FULL NAME	**DATE OF BIRTH**	**RELATIONSHIP TO CARER**
1			
2			
3			
4			
5			

2. The children normally or regularly reside with me.

3. I share the day to day care and responsibility of the children with the following persons: (*mark N/A if this section is not applicable*)

	FULL NAME	**DATE OF BIRTH**	**RELATIONSHIP TO CHILD (IF ANY)**
1			
2			
3			

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4. The following persons retain legal parental authority for the children:

	FULL NAME OF PERSON	CONTACT DETAILS (INCLUDE ADDRESS, HOME, WORK & MOBILE TELEPHONE NUMBERS WHERE POSSIBLE)	RELATIONSHIP TO CHILD/REN
1			

	FULL NAME OF PERSON	CONTACT DETAILS (INCLUDE ADDRESS, HOME, WORK & MOBILE TELEPHONE NUMBERS WHERE POSSIBLE)	RELATIONSHIP TO CHILD/REN
2			

5. I have advised the persons named in paragraph 4 of my intention to access this school or children's service or other service on behalf of the children. **Yes** ☐

6. I have not advised the persons named in paragraph 4 of my intention to access this school or children's service or other service on behalf of the children for the following reasons:

. . . . . .

. . . . . .

. . . . . .

7. I attach to this statutory declaration a certified true copy[1] of my:

☐ Driver's Licence
OR
☐ Passport
OR
☐ Other identification containing a photograph

Specify . . . . . .

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I declare that the contents of this statutory declaration are true and correct, and I make it knowing that making a statutory declaration that I know to be untrue is an offence.[2]

.....
[Signature of person making this declaration]

Declared at..... in the State of Victoria,

this . . . . . **day of** . . . . . **20**. . . . .

Before Me .....

[Name, address, occupation of witness]

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration:[3]

.....
[Signature of authorised witness]

1 A copy of the photo ID specified must be certified as a true copy by the authorised witness and attached to this statutory declaration.

2 Under s 36 of the *Oaths and Affirmations Act 2018* (Vic) the maximum penalty for the offence of perjury is 600 penalty units, 5 years imprisonment or both.

3 To be signed in front of an authorised witness – Authorised witnesses are listed under section 30(2) of the *Oaths and Affirmations Act 2018*. The list includes: Justice of the Peace, Pharmacist, Police Officer, Medical Practitioner, Lawyer and School Principal.

NB: This document is valid for twelve months from the date of declaration

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