

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]

DO SOLEMNLY AND SINCERELY DECLARE 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			

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 copy¹ of my:

- Driver’s Licence
- OR
- Passport
- OR
- Other identification containing a photograph

Specify

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.²

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

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

..... **Before Me**.....
[Signature of person making this declaration] [Signature of authorised witness]

.....
[Name, address, occupation of witness]

To be signed in front of an authorised witness – Authorised witnesses are listed under section 107A of the *Evidence (Miscellaneous Provisions) Act 1958*. The list includes: Justice of the Peace, Pharmacist, Police Officer, Medical Practitioner, Lawyer and School Principal.

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 318 of the Crimes Act 1958 (Vic) the maximum penalty for the offence of perjury is 15 years imprisonment.

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