

### 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:

	<b>FULL NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO CARER</b>
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*)

	<b>FULL NAME</b>	<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO CHILD (IF ANY)</b>
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 copy<sup>1</sup> of my:

☐ Driver's Licence

OR

☐ Passport

OR

☐ Other identification containing a photograph

Specify .....

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.<sup>2</sup>

.....  
[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:<sup>3</sup>**

.....  
[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