## State of Victoria

## STATUTORY DECLARATION

I,[Full name]	,
of[Address]	,
, make	the following statutory declaration
[Occupation]	3
under the Oaths and Affirmations Act 2018:	
[Signature of person making this declaration]	
[Signature of person making this declaration]	
Declared at	in the state of Victoria
[City, town or suburb]	
on	
[Date]	
l am an authorised statutory declaration witness ar presence of the person making the declaration:	nd I sign this document in the
on	
[Signature of statutory declaration witness]	[Date]
Write or stamp name, capacity in which person is authorised to wit	noce statutory declaration and address

Authorised witnesses include justice of the peace, pharmacist, police officer, lawyer, court registrar, bank manager, medical practitioner, dentist, midwife, veterinary surgeon, accountant, financial adviser, architect, registered migration agent. For a complete list of people who can witness a statutory declaration, go to the Department of Justice and Community Safety website at www.justice.vic.gov.au.

declaration is read to them.	
I certify that I read this statutory declaration to at the time the statutory declaration was made.	[Name of person making the statutory declaration]
The following section must be signed by any personal this statutory declaration, for example, by translating no assistance was required, this section does not related that I have assisted	g the document or reading it aloud. If need to be completed.
by[Assistance provided, for example, to	ranslating the document]
on [Date]	
[Name and address of person p	roviding assistance]

The following section must be signed by the authorised witness only if the person making

the statutory declaration is illiterate, blind or cognitively impaired and the statutory