

Statutory Declaration

I, , do solemnly and sincerely declare that
I was required to care for:

[cross out the two boxes below that do not apply]

my spouse, child, adult child, parent, grandparent, grandchild or sibling (who may or
may not live with me) whose name is
[first name] [surname]

my de facto partner (either opposite or same sex) who lives with me

a relative who is not my spouse, child, parent, grandparent, grandchild or sibling who
lives with me and whose name is
[first name] [surname]

who was ill on
[date or dates upon which care was required]

and I make this solemn declaration conscientiously believing the same to be true,
and by virtue of the provisions of the *Oaths Act 1900*.

Declared at:on.....
[place] [date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, a
[name of authorised witness] [qualification of authorised witness]

certify the following matters concerning the making of this statutory declaration by the
person who made it: [* please cross out any text that does not apply]

1. *I saw the face of the person OR *I did not see the face of the person because
the person was wearing a face covering, but I am satisfied that the person had
a special justification for not removing the covering, and
2. *I have known the person for at least 12 months OR *I have confirmed the
person's identity using an identification document and the document I relied on
was

.....
[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]