**Registry of Births, Deaths and Marriages Victoria**

STATUTORY DECLARATION

Child born as a result of self-insemination

Two parents

A statutory declaration is a written statement that you sign and declare to be true and correct in the presence of an authorised witness.

# Instructions

1. Complete the Declaration section below. **Don’t sign it yet.**
2. Find a person authorised to witness a statutory declaration. Ask them to fill out the ‘Witness’ section.
3. You must say aloud, in front of the witness:

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

1. Sign the declaration in front of the witness.

# Declaration

|  |  |
| --- | --- |
| I, (parent’s current legal full name) |       |
| of (residential address) |       |
| and (occupation) |       |

make the following statutory declaration under the Oaths and Affirmations Act 2018:

|  |  |
| --- | --- |
| 1. I consented to the self-insemination procedure that resulted in the birth of my child:(Child’s full name and date of birth)
 |       |
| 1. At the time of the self-insemination procedure, I was married to or living together on a genuine domestic basis\* with:(Spouse/partner’s full name and date of birth)
 |       |

\* A ‘domestic relationship’ includes a registered domestic relationship and any relationship between two people who provide personal or financial commitment and domestic support to each other.

**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.**

# Signature

**Signature of person making the declaration**

(in the presence of a qualified witness)

Please sign. (Do not type)

|  |  |
| --- | --- |
| Declared at (place) |       |
| In (state or territory)On (**date** in the format DD/MM/YYYY) |       |

# Witness

## Witness’ signature

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

**Signature of witness**

Please sign. (Do not type)

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|  |  |
| --- | --- |
| Date(in the format DD/MM/YYYY) |       |

## Witness’ details

|  |  |
| --- | --- |
| Family name (surname) |       |
| Given name (first name) |       |
| Other given name(s) (middle names) |       |

## Personal or professional address of witness

|  |  |
| --- | --- |
| Street number and name |       |
| Suburb/Town |       |
| State |       |
| Postcode |       |
| Country |       |
| Phone number |       |
| Email address |       |
| Qualification of witness |       |

A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration.