

# NSW Statutory Declaration for Informal Relative Caregivers

Oaths Act 1900, NSW, Eighth Schedule

Please use a blue or black pen.

I,

Full name:

Date of birth:

(You must be over 18)

Address:

Occupation:

## DO SOLEMNLY AND SINCERELY DECLARE THAT:

1. I have primary day-to-day responsibility for the care of the following child/ren:

	Full name of child/ren	Date of Birth	Relationship of child to me* (eg: grandchild, niece, nephew, sibling)
1			
2			
3			
4			

2. The above-mentioned child/ren ordinarily reside with me.

3. I share primary day-to-day responsibility for the care of the child/ren with the following person(s):

	Name of person	Date of Birth	Relationship to child (eg: parent, grandparent, uncle, aunt, sibling)
1			
2			
3			

4. The following person(s) retain parental responsibility or legal guardianship of the child:

	Name of person***	Contact Details	Relationship to child (eg: mother, father)
1			
2			
3			

5. Please tick the appropriate box below:

I have advised the person(s) named in paragraph 4 of my intention to authorise care-giving related services.

**or**

I have not advised the person(s) named in paragraph 4 of my intention to authorise care-giving related services for the following reason(s):

---

---

---

6. Please **attach** to this Statutory Declaration either **A or B**:

A. I **attach** to this Statutory Declaration a **certified copy** of my:

Driver's Licence (Number \_\_\_\_\_), **or**

Passport (Number \_\_\_\_\_), **or**

Other NSW or Australian government issued photographic identification, namely

\_\_\_\_\_ (Number \_\_\_\_\_)

**or**

B. I **attach** to this Statutory Declaration a **certified copy** of my:

Medicare Card (Number \_\_\_\_\_), **and**

A passport sized photograph of me. The photograph is certified as a 'True photo of (*insert your full name*)' by someone whom I have known for at least 12 months, is an Australian Citizen, is over 18 years old and is not related to me.

**AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING THE SAME TO BE TRUE, AND BY VIRTUE OF THE PROVISIONS OF THE OATHS ACT 1900:**

Signed by

\_\_\_\_\_  
(name of declarant)

Declared at

\_\_\_\_\_ on \_\_\_\_\_  
(place e.g. city, state) (date\*\*)

Before me

\_\_\_\_\_  
(name of witness)  
(The witness must be a Justice of the Peace, Notary Public, Australian Legal Practitioner, Commissioner of the Court for taking affidavits or any other person authorised by law to administer an oath in the jurisdiction or place the oath is taken.)

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(qualification of witness)

\_\_\_\_\_  
(identification number, if applicable)

## IMPORTANT INFORMATION

- \* This Declaration is for the use of relatives of the child only. A relative may be a:
  - parent, grandparent, sibling, aunt, uncle, niece or nephew of the child (by blood, marriage or law); or
  - de facto partner of one of the child's parents who has lived with that parent for at least 12 months; or
  - an Aboriginal or Torres Strait Islander relative of a child, according to traditional kinship ties.
- \*\* This Declaration is only valid for six months or until the point in time the child stops living with the Declarant, whichever occurs first.
- \*\*\* This Declaration should not be used where a child is under the parental responsibility of the Minister for Community Services.

**Making a false Declaration, knowing it to be untrue may be an offence that carries a maximum penalty of five years imprisonment.**

### USE OF THIS DECLARATION:

This Statutory Declaration can be used to assist in establishing the Declarant's care-giving status. Some government agencies may not accept the Declaration or may require additional proof and/or information to support the Declarant's claim that they have day-to-day responsibility for the child.

The Declaration does not affect the legal status of the child's parents or legal guardians. **The Declaration does not give the declarant legal guardianship or parental responsibility of the child nor does it create any legal rights that do not already exist.** For example, the declarant cannot give consent to medical or dental treatment on behalf of the child, unless the declarant is otherwise empowered to give consent. Please seek appropriate legal advice on these issues.

### NOTE TO PERSON BEFORE WHOM THIS DECLARATION IS MADE:

By virtue of section 6 of this Statutory Declaration, a certified copy of the identification referred to in that section must be attached to this Declaration at the time it is made. Please make sure that the copy is certified first, before you make the Declaration.