Registry of Births, Deaths and Marriages Victoria

Statutory declaration

Relationship Registration

Relationships Act 2008

## Who must complete this statutory declaration?

**Each person in the relationship** must complete one of these statutory declarations. It must be signed in the presence of a qualified witness. One person may witness both declarations.

## 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, (full name) |       |
| of (address) |       |
| and (occupation) |       |

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

1. I consent to the registration of my domestic relationship with (full name of partner)

|  |
| --- |
|       |

1. I am not:
* married, or
* in a Victorian registered relationship, or
* in another relationship that could be registered in Victoria.

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 of person making the declaration

(in the presence of a qualified witness)

Please sign. (Do not type)

|  |  |
| --- | --- |
| Declared at place (city, town or suburb) |       |
| Date (Format DD/MM/YYYY) |       |

## Witness

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)

|  |  |
| --- | --- |
| Date (Format DD/MM/YYYY) |       |

### Witness’ details

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

### 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

Attach this completed statutory declaration to your application to register your relationship.