STATUTORY DECLARATION

I, _____ ,
full name]

of _____ ,
address]

_____ , do solemnly and sincerely declare that:-
[occupation]

I acknowledge that this declaration is true and correct, and I make it with the understanding and belief that a person who makes a false declaration is liable to the penalties of perjury.

Declared at _____

in the State of _____, this _____ day of _____ 20 ____

_____
[Signature of person making this declaration [to be signed in front of an authorized witness]

Before me_____

Signature of authorized witness_____
The authorized witness must print or stamp his or her name, address, and title]
(e.g. Justice of the Peace, Pharmacist, Police Officer, Court Registrar, Bank Manager, Medical Practitioner, Dentist)