

REQUEST FOR CONGRATULATORY MESSAGE

To: The Department of Premier & Cabinet Reception Level 39, Governor Macquarie Tower Telephone: 9228 5255 Nominee(s) Name (please print or type)	From: ADAM MARSHALL MP Member for Northern Tablelands PO Box 77 ARMIDALE NSW 2350 Phone: 6772-5552 E: northerntablelands@parliament.nsw.gov.au Title First or Given Name Surname or Family Name				
Nominees(s) Address					
Occasion		Anniversary 0 years 0 years 5 years 0 years 0 ther (specify)		Birthda	80th 90th 100th Other (specify)
Date of Anniversary / Birthday					
Date Message should arrive Message to be sent to (if different to above)					
Certification by Member that the information provided is correct and appropriate supporting documentation has been sighted	Signature	-			
Department of Pres1Entered2ML QA3ML Sen4Cert QA5Cert Set	t	abinet Office Us _// _// _// _//	By By By By By By		

Immediate advice should be given to the Department of Premier and Cabinet, if circumstances arise which may make it inappropriate for this message to be sent.

Statutory Declaration

OATHS ACT 1900, NSW, NINTH SCHEDULE

I ,		of
	[name of declarant]	[residence]
do he	reby solemnly declare and affirm th	nat
••••••••		
•••••	······	
•••••		
•••••		
	•	
[the	facts to be stated according to the decla	rant's knowledge, belief, or information, severally]
And I n	nake this solemn declaration, as to	o the matter (or matters) aforesaid, according
to the la	aw in this behalf made – and subj	ect to the punishment by law provided for any

wilfully false statement in any such declaration.

Declared at:	on
[place]	[date]

[uate]

[signature of declarant]

in the presence of an authorised witness, who states:

[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]