



REQUEST FOR CONGRATULATORY MESSAGE

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|---|-----------|--|----------------------------|---|
| To: The Department of Premier & Cabinet Reception Level 39, Governor Macquarie Tower Telephone: 9228 5255 Fax: 9228 4757 | | From: ADAM MARSHALL MP Member for Northern Tablelands PO Box 77 ARMIDALE NSW 2350 Phone: 6772-5552 Fax: 6772-5026 | | |
| Nominee(s) Name <i>(please print or type)</i> | | Title | First or Given Name | Surname or Family Name |
| Nominees(s) Address | | | | |
| Occasion | | Wedding Anniversary <input type="checkbox"/> 50 years <input type="checkbox"/> 60 years <input type="checkbox"/> 65 years <input type="checkbox"/> 70 years <input type="checkbox"/> Other (specify) _____ | | Birthday <input type="checkbox"/> 80th <input type="checkbox"/> 90th <input type="checkbox"/> 100th <input type="checkbox"/> Other (specify) _____ |
| Date of Anniversary / Birthday | | | | |
| Date Message should arrive | | | | |
| Message to be sent to <i>(if different to above)</i> | | | | |
| <i>Certification by Member that the information provided is correct and appropriate supporting documentation has been sighted</i> | | Name: Adam Marshall MP Signature _____ Date _____ | | |
| Department of Premier and Cabinet Office Use Only | | | | |
| 1 | Entered | ____/____/____ | By | _____ |
| 2 | ML QA | ____/____/____ | By | _____ |
| 3 | ML Sent | ____/____/____ | By | _____ |
| 4 | Cert QA | ____/____/____ | By | _____ |
| 5 | Cert Sent | ____/____/____ | 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 hereby solemnly declare and affirm that

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[the facts to be stated according to the declarant's knowledge, belief, or information, severally]

And I make this solemn declaration, as to the matter (or matters) aforesaid, according to the law in this behalf made – and subject to the punishment by law provided for any wilfully false statement in any such declaration.

Declared at: on
[place] [date]

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, , a
[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]