

# Statutory Declaration

## Notice to withdraw an application to revoke a registered relationship



*Relationships Register Act 2010 (NSW)*

### Applicant ONE

If you have applied to revoke a registered relationship and wish to withdraw the application, one or both parties named on the original application must complete this form. This withdrawal must be made within 90 days of lodging the application to revoke your registered relationship. There is no fee to withdraw, application fees paid are non-refundable.

### False Representation

**If you knowingly provide false information in this statutory declaration you may be guilty of an offence under section 57 of the *Births Deaths and Marriages Registration Act 1995*.**

Section 57 – False Representation: A person who makes a representation in an application, notice or document under this Act or in response to a notice under section 44 of this Act (Registrars powers of enquiry) knowing the representation to be false or misleading in a material particular, is guilty of an offence.

**Maximum penalty: 100 penalty units or 2 years imprisonment, or both.**

Please use black ink and BLOCK letters and do not use white out to complete this declaration.

I,

*(full name of applicant one)*

of

*(residential address of applicant one)*

hereby request that the application to revoke a registered relationship between:

*(full name of applicant one)*

AND

*(full name of applicant two)*

be withdrawn from the date of this application.

## Declarant ONE

An authorised witness must witness your signature, and supply other details below.

**Signature of person applying to withdraw application to revoke**

*[Applicant/Declarant ONE]*

**Date**

 /  / 

*[dd/mm/yyyy]*

An authorised witness who takes and receives a statutory declaration in NSW must confirm your identity before the declaration is made. If you have not known the authorised witness for at least 12 months, the authorised witness will need to sight one identity document (original or certified copy\*)

## Authorised Witness

**I 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]

- \*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**
- \*I have known the person for at least 12 months OR \*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:**

*[describe identification document relied on]*

**DECLARED at**

**in the State of**

on  /  /

*(dd/mm/yyyy)*

**Before me**

**JP No.**

*[signature of authorised witness]*

**Name (BLOCK letters)**

**Phone number**

*[name of authorised witness]*

*[daytime phone number of authorised witness]*

**ADDRESS**

*[address of authorised witness]*

**Tick correct title of authorised witness:**

- Justice of the Peace     Notary Public     Legal Practitioner (with current practising certificate)
- A person authorised to administer an oath under Section 26 of the *Oaths Act 1900*

# Statutory Declaration

Notice to withdraw an application  
to revoke a registered relationship



## Applicant TWO

If you have applied to revoke a registered relationship and wish to withdraw the application, one or both parties named on the original application must complete this form. This withdrawal must be made within 90 days of lodging the application to revoke your registered relationship. There is no fee to withdraw, application fees paid are non-refundable.

### False Representation

**If you knowingly provide false information in this statutory declaration you may be guilty of an offence under section 57 of the *Births Deaths and Marriages Registration Act 1995*.**

Section 57 – False Representation: A person who makes a representation in an application, notice or document under this Act or in response to a notice under section 44 of this Act (Registrars powers of enquiry) knowing the representation to be false or misleading in a material particular, is guilty of an offence. **Maximum penalty: 100 penalty units or 2 years imprisonment, or both.**

Please use black ink and BLOCK letters and do not use white out to complete this declaration.

I,   
*(full name of applicant two)*

of   
*(residential address of applicant two)*

  

hereby request that the application to revoke a registered relationship between:

  
*(full name of applicant one)*

AND   
*(full name of applicant two)*

be withdrawn from the date of this application.

## Declarant TWO

An authorised witness must witness your signature, and supply other details below.

**Signature of person applying to withdraw application to revoke**

*[Applicant/Declarant TWO]*

**Date**

 /  / 

*[dd/mm/yyyy]*

An authorised witness who takes and receives a statutory declaration in NSW must confirm your identity before the declaration is made. If you have not known the authorised witness for at least 12 months, the authorised witness will need to sight one identity document (original or certified copy\*)

## Authorised Witness

**I 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]

- \*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**
- \*I have known the person for at least 12 months OR \*I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:**

*[describe identification document relied on]*

**DECLARED at**

**in the State of**

**on**

 /  / 

*(dd/mm/yyyy)*

**Before me**

**JP No.**

*[signature of authorised witness]*

**Name (BLOCK letters)**

**Phone number**

*[name of authorised witness]*

*[daytime phone number of authorised witness]*

**ADDRESS**

*[address of authorised witness]*

**Tick correct title of authorised witness:**

Justice of the Peace     Notary Public     Legal Practitioner (with current practising certificate)

A person authorised to administer an oath under Section 26 of the *Oaths Act 1900*