



**REQUEST FOR CONGRATULATORY MESSAGE**

<b>To: The NSW Department of Premier &amp; Cabinet</b>  52 Martin Place, Sydney NSW 2000 Telephone: 9228 5555		<b>From: BRENDAN MOYLAN MP</b>  Member for Northern Tablelands PO Box 77 <b>ARMIDALE NSW 2350</b> Phone: 6772-5552 E: northerntablelands@parliament.nsw.gov.au		
<b>Nominee(s) Name</b> <i>(please print or type)</i>	<b>Title</b>	<b>First or Given Name</b>	<b>Surname or Family Name</b>	
<b>Nominees(s) Address</b>				
<b>Occasion</b>	<b>Wedding Anniversary</b>		<b>Birthday</b>	
	<input type="checkbox"/>	50 years	<input type="checkbox"/>	80th
	<input type="checkbox"/>	60 years	<input type="checkbox"/>	90th
	<input type="checkbox"/>	65 years	<input type="checkbox"/>	100th
	<input type="checkbox"/>	70 years	<input type="checkbox"/>	Other (specify) _____
	<input type="checkbox"/>	Other (specify) _____		
<b>Date of Anniversary / Birthday</b>				
<b>Date Message should arrive</b>				
<b>Message to be sent to</b> <i>(if different to above)</i>				
<b>Certification by Member that the information provided is correct and appropriate supporting documentation has been sighted</b>		Name: Brendan Moylan MP  Signature _____ Date _____		
<b>Department of Premier and Cabinet Office Use Only</b>				
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 .....

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

*[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]*