

**PARENTAGE TESTING PROCEDURE
AFFIDAVIT BY/IN RELATION TO DONOR**

Section 6 of the *Status of Children Regulation 2022*

Name of child whose
parentage is in issue: _____
[insert child's name]

Name of donor: _____
[insert donor's name]

Date of birth of donor: _____
[insert donor's date of birth]

Relationship/*putative relationship of donor to child whose parentage is in issue:

[if donor is not the child whose parentage is in issue, insert relationship of donor to child]

Date of collection of sample from donor: _____
[insert date of collection]

1. I, _____ *[insert name]*
of _____ *[insert address]*
_____ *[insert occupation]*

*state on oath/*sincerely and solemnly affirm and declare the following matters:

[Note: Either Part 1 or 2 of this form must be completed and made, signed and witnessed by the person making this affidavit (sometimes called the deponent or signatory or relevant person) or substitute signatory on the day the donor's sample is collected.]

PART 1

[Note: Part 1 must be completed if the person making this affidavit is the donor]

2. My racial background is: _____

[give details]

3. In the last 2 years:
- (a) I *have/*have not suffered from leukaemia.
 - (b) I *have/*have not received a bone marrow transplant.

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Signed:

Taken by:

(Deponent / Substitute Signatory*)

(Witness)

4. The particulars of the *leukaemia/*bone marrow transplant are as follows:

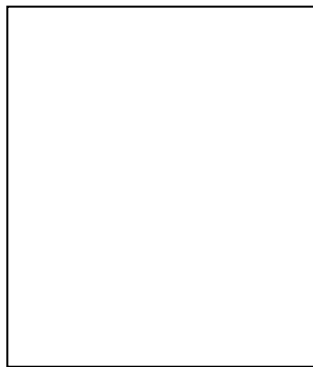
[give particulars]

5. I *have/*have not received a transfusion of blood or a blood product within the last six months.

6. The particulars of the transfusion of blood or blood product are as follows:

[give particulars]

7. I have attached a recent photograph of myself and signed my name partly on the photograph and partly on the affidavit.#



PART 2

**[Note: Part 2 must be completed if the person making this affidavit is not the donor.
See section 6(2) of the *Status of Children Regulation 2022*]**

1. I am the _____
[state relationship or other status in relation to the donor]

of _____
[insert name of donor]

who was born on: _____
[insert date of birth of donor]

2. _____
[insert name of donor]

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Signed:

Taken by:

(Deponent / Substitute Signatory*)

(Witness)

is a person whose racial background is: _____
[give details]

3. In the last 2 years:

(a) The donor *has/*has not suffered from leukaemia.

(b) The donor *has/*has not received a bone marrow transplant.

4. The particulars of the *leukaemia/*bone marrow transplant are as follows:

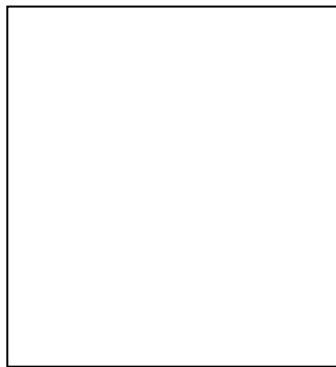
[give particulars]

5. The donor *has/*has not received a transfusion of blood or a blood product within the last six months.

6. The particulars of the transfusion of blood or blood product are as follows:

[give particulars]

7. A recent photograph of the donor is attached to this affidavit and I have signed my name partly on the photograph and partly on the affidavit.#



***Omit if not applicable**

#Attach a recent photograph of the donor named in the affidavit, measuring approximately 45 millimetres by 35 millimetres, that shows a full face view of the donor's head and shoulders against a plain background. The deponent to the affidavit must sign his or her name partly on the photograph and partly on the affidavit, so that if the photograph was later removed from the affidavit, the removal would be evident on inspecting the affidavit

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Signed:

Taken by:

(Deponent / Substitute Signatory*)

(Witness)

[Note: This section must also be completed by the deponent for Part 1 or Part 2 to duly swear or affirm the contents the affidavit, before a witness]

The contents of this affidavit are true, except where they are stated on the basis of information and belief, in which case they are true to the best of my knowledge.

I understand that a person who provides a false matter in an affidavit commits an offence.

I state that:

- A. This affidavit was made in the form of an electronic document.*¹
 - B. This affidavit was electronically signed.*²
 - C. This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867*.*³
- (*delete whichever statements are not applicable)

SWORN / AFFIRMED by)
)
)
) [signature of deponent/
 [insert full name of deponent]) substitute signatory*]
)
 at)
 [insert place where deponent is located]) [date]

[Signed for and at the direction of the deponent by]*

[.....]*
 [insert full name of substitute signatory]*

**delete if not applicable*

BEFORE ME:)
)
)
)
 [insert full name of witness]) [signature of witness]
)
)
 [insert type of witness]⁴)
)
)
)
 [insert name of law practice /witness's place of)
 employment]*⁵) [date]
)

**delete if not applicable*

If deponent is unable to sign the affidavit, SPECIAL WITNESS to tick as applicable

I certify that this affidavit was read in the presence of the deponent who seemed to understand it, and signified that they made the affidavit.⁶

I certify that this affidavit was read in the presence of the deponent who seemed to understand it, and signified that they made the affidavit, but was physically incapable of signing it.⁷

A substitute signatory signed for and at the direction of the deponent.⁸

SPECIAL WITNESS to complete – tick as applicable

I am a **special witness** under the *Oaths Act 1867*.
(see section 12 of the *Oaths Act 1867*)

This affidavit was made in the form of an electronic document.⁹

I electronically signed this affidavit.¹⁰

This affidavit was made, signed and witnessed under part 6A of the *Oaths Act 1867* – I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.¹¹

The footnotes are to assist in the completion of this form and should be deleted once complete.

¹ Include this statement if you electronically signed the document or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.

² Include this statement if you or your substitute signatory electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

³ Include this statement if the affidavit was made over audio visual link.

⁴ Insert the witness's capacity that makes them eligible to witness the affidavit, including as a special witness under section 16C or part 6A of the *Oaths Act 1867*. For example, Australian legal practitioner, lawyer, justice of the peace, commissioner for declarations, notary public, a justice of the peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the *Oaths Act 1867*, government legal officer, etc.

⁵ For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc.

⁶ Tick this box if you consider that the deponent is incapable of reading the affidavit and the affidavit was read or otherwise communicated to the deponent in accordance with *Uniform Civil Procedure Rules 1999*, rule 433(1). Note that if you tick this box, the only signature on this affidavit should be your signature.

⁷ Tick this box if you consider that the deponent is physically incapable of signing the affidavit and the affidavit was read or otherwise communicated to the deponent in accordance with *Uniform Civil Procedure Rules 1999*, rule 433(2). Note that if you tick this box, the only signature on this affidavit should be your signature.

⁸ Tick this box if the deponent directed a substitute signatory to sign for them.

⁹ Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the deponent.

¹⁰ Tick this box if you electronically sign the affidavit using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the affidavit on paper.

¹¹ Tick this box if the affidavit was made over audio visual link.