

Australian Government

## **Department of Home Affairs**

## Statutory declaration by a supporting witness in relation to a Partner or Prospective Marriage visa application

Form									
888									

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Eith	er type (in English	n using Adobe Acrobat Reader. n) in the fields provided or print this form nglish) using a pen and BLOCK LETTERS.	3				
Tick	where applicable	e 🗸					
Details of person making the statutory declaration							
I,	Family name						
	Given names						
of	Your residential address						
		Postcode					
	upation or qualified						
	phone numbers						
	ce hours	(Area code )					
	er hours	(Area code )					
mał	ke the following d	eclaration under the Statutory Declarations Act 1959.	-				
1	Visa applicant's	s name	4				
	Family name						
	Given names						
	How long have	you known this person?					
2	Name of applic	ant's partner or fiancé(e)					
	Family name						
	Given names						
	How long have	you known this person?					

**3** State how you know the applicant and the applicant's partner or fiancé(e), and indicate how often you have been in contact with them

*If insufficient space, please attach additional details* 

If insufficient space, please attach additional details

4 State whether you believe the relationship of the applicant and his/her partner or fiancé(e) to be genuine and continuing, and give your reasons for your belief

Office use only

File number

5	State any other matters you wish to add in support of the visa application	6	Have you attached evidence of your Australian citizenship or Australian permanent residency status? Note: All copies must be certified.					
			No No	5 111051				
			Yes					
		7	<b>WARNING</b> : Giv	/ing fals	e or misle	ading in	formation is a se	erious offence.
			I understand that a person who intentionally makes a false stat a statutory declaration is guilty of an offence under section 11					se statement in
			Statutory Decla	arations	Act 1959	), and I b		on 11 of the tatements in this
			declaration are	true in	every par	ticular.		
			Your					
			signature	ß				
			Declared at					
				Day	Month	Year		
			On					
			Before me,					
			Signature of					
			qualified					
			person					
			Date	Day	Month	Year	]	
								a printed letters
						ne decia	aration is made in	1 printed letters
			Family name					
			Given names					
			Preferred title:	Mr	Mrs	Miss	Ms Ot	her
			Contact addres	SS				
							Postcode	
			Occupation or	qualifica	ation			
			Telephone num					]
			Office hours	(Area co	ode	)		
							copy of this s	
			declaration a	ind all	attachme	ents for	your records.	

If insufficient space, please attach additional details 888 (Design date 10/20) - Page 4