

Form 6
Childrens Court Act 1992
Adoption Act 2009

AFFIDAVIT

CHILDRENS COURT OF QUEENSLAND

REGISTRY:

NUMBER:

Child's name: [insert full name] (DOB:) [dd/mm/yyyy]

Applicant: [Name]

AND

[First] Respondent:

AND

[Second] Respondent:

I, [name], [address], in the State of [State/Territory], make oath and say (or: solemnly and sincerely affirm and declare) as follows:-

Sheet 1

Deponent

A Justice of the Peace/Commissioner for declarations

Affidavit

*(Name and
address for service of party filing affidavit)*

Filed on behalf of the Applicant/respondent
(delete whichever not applicable)
Form 6 – Version 1, 1 February 2010

ALL the facts and circumstances herein deposed to are within my own knowledge and belief save such as are deposed to from information only and my means of knowledge and source of information appear on the face of this my affidavit.

*Sworn / Affirmed by *(full name of deponent)* on *(date)* at *(place)* in the presence of:

(signed by deponent)

(signed by Justice of the Peace)

Deponent

Justice of the Peace
/Commissioner for declarations