commission for
children and young people
and child guardian

Declaration of Identity

Blue card applicant to complete

I, _____

First name Middle name/s Surname

declare that:

my date of birth is: _____

my place of birth is: _____

I have also been known as: _____ (former name/s)

I currently reside at: _____

and I understand that it is an offence to provide false and misleading information.

Signature: _____

Date: ____/____/____

DAY MONTH YEAR

Witness to complete

I, _____

First name Middle name/s Surname

declare that:

I have known: _____ (blue card applicant)

for period of: _____ (years/months)

and that I have witnessed the blue card applicant sign this declaration.

I confirm I am a:

- ☐ Justice of the Peace
- ☐ Commissioner for Declarations
- ☐ Lawyer
- ☐ Medical Practitioner (Doctor)
- ☐ Officer in Charge (Queensland Police Service)
- ☐ Director of Nursing (Queensland Health)
- ☐ Chair/Deputy Chair Council
- ☐ School Principal

Stamp and Registration No. (if applicable)

and I understand that it is an offence to provide false and misleading information.

Signature: _____

Full name: _____

Date: ____/____/____

DAY MONTH YEAR