



BIRTHS, DEATHS AND MARRIAGES
**DOCTOR OR PSYCHOLOGIST STATEMENT
 IN SUPPORT OF A CHANGE OF SEX – ALTER
 REGISTER RECORD**

*Births, Deaths and Marriages Registration Act 1997
 Births, Deaths and Marriages Registration Regulation 1998*

IMPORTANT INFORMATION

In accordance with Section 25 of the *Births, Deaths and Marriages Act 1997* (the Act), this form is to be completed by a **doctor or psychologist** in support of an application to alter a person’s birth registration to record a change of sex. A psychologist is a person registered under the *Health Practitioner Regulation National Law (ACT)* to practice in the psychology profession (other than as a student). The statement must certify that the person has received appropriate clinical treatment for alteration of the person’s sex, or that they are an intersex person. ‘Appropriate clinical treatment’ is undefined in the Act to ensure that the exercise of professional medical judgement is neither expanded nor impeded, however to avoid doubt, it is not necessary for a person to have undergone hormone therapy or surgery to satisfy the requirement in section 25 of the Act. This form must be submitted with an application to alter birth register to record sex change.

DETAILS OF PERSON WHOSE BIRTH REGISTRATION IS TO BE ALTERED

DETAILS AT BIRTH

Surname at Time of Birth		Given Name(s) at Time of Birth	
/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	

CURRENT DETAILS

Current Surname (The legal name that is currently registered if different to the name at birth)	Current Given Name(s) (The legal name(s) that is currently registered if different to the name(s) at birth)
Any other Surname the person is known by	Any other Given Name(s) the person is known by

DETAILS OF CLINICAL TREATMENT

Dates of clinical treatment	Sex resulting from clinical treatment
	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex

DETAILS OF DOCTOR OR PSYCHOLOGIST

Surname	Given Names
Medical Registration Number	
Telephone Number During Business Hours	Email

Current Postal Address	
	Postcode

STATEMENT BY DOCTOR OR PSYCHOLOGIST (tick the appropriate boxes)

I, (full name)	being a (occupation)
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of (address)

make the following statement:

I hereby verify that the applicant named above has undergone appropriate clinical treatment for alteration of the person's sex, and that I have verified the applicant's identity from documents produced to me.

I hereby verify that the applicant named above is an intersex person and that I have verified the applicant's identity from documents produced to me.

I understand that a person who intentionally makes a false statement is guilty of an offence under *the Criminal Code* and I believe that the statements in this declaration are true in every particular.

Signed	Declared at (place)	on (date)
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