

BIRTHS, DEATHS AND MARRIAGES

APPLICATION TO NOTE RELATIONSHIP DETAILS

Births, Deaths and Marriages Registration Act 1997 Births, Deaths and Marriages Registration Regulations 1998

IMPORTANT INFORMATION

This form may be used to include details of marriage, or the registration of a Civil Partnership or Civil Union, of the parents of a child in the register of births, after a child's birth has been registered. If the marriage, civil partnership or civil union did not occur in the Australian Capital Territory the registered certificate is required. Both parents must also provide 3 forms of identification.

No fee is payable to lodge an application to note marriage details, however if you wish to order a new birth certificate after the marriage details have been updated, you will need to complete an application for certificate form and a fee is payable. If you wish to change the child's name after the marital details have been updated, please complete an application to register a change of name for a child form.

PRIVACY INFORMATION

The *Births, Deaths and Marriages Registration Act 1997* authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Documents provided as proof of identity may have their authenticity verified through the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using DVS.

LODGEMENT AND CONTACT INFORMATION

Preferred lodgement is by email: <u>BirthsOnline@act.gov.au</u>

In Person: Please visit www.act.gov.au/accessCBR to find an Access Canberra Service Centre

General Enquires: 132281

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand, please print clearly and use a solid black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with a solid black pen and substitute information must be clear and all parties must sign in the margin. Do not use correction fluid or tane
- Identification documents are required with lodgement of the application.

If you require further information or need advice, a language assistance service is available by phoning the **Translating and Interpreting Service (TIS) on 13 14 50.**





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Date received (Office use only)	/ /		Registration Number (Office use only)				
APPLICANT CONTACT DETAILS							
Name		Phone Number					
Email Address							
DETAILS OF CHILD AT THE TIME OF	BIRTH						
Surname			Given Name(s)				
Date of Birth Sex		Place of Birth of the Child					
/ / Female Male Unspecified Indeterminate Intersex							
DETAILS OF MARRIAGE DETAILS OF CIVIL PARTNERSHIP DETAILS OF CIVIL UNION							
Date of Marriage or Endorsement	Place of Marriage		DETAILS OF CITY				
/ /							
MOTHER/BIRTH PARENT/FATHER/OTHER PARENT'S STATEMENT							
I, (full name) being a (occupation)							
of (address)							
 I hereby apply to the Registrar-General to include details of the marriage / civil partnership / civil union described on this form on the birth registration of the child as described on this form. 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. 							
on many code and i benefit that the statements in this designation are true in every particular.							
Signed (mother/birth parent/father's signature)		Declared at	Declared at (place)				
FATHER'S/OTHER PARENT/MOTHER'S/BIRTH PARENT STATEMENT							
I, (full name)		being a (occu	upation)				
of (address)							
 I hereby apply to the Registrar-General to include details of the marriage / civil partnership / civil union described on this form on the birth registration of the child as described on this form. 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 (father/other parent/mo	Declared at	Declared at (place) on (date)					





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PROOF OF IDENTITY REQUIREMENTS

Primary Proof of Identity	Secondary Proof of Identity		
 A photographic <i>Driver Licence</i> issued in Australia and current or expired up to two years. Australian Birth Certificate (not a Commemorative Certificate or extract). If the certificate is not in the name currently used appropriate linking documentation will be required (e.g. Marriage Certificate). Australian Passport current or expired up to two years. Overseas Passport current or expired up to two years. Australian Citizenship Certificate or Naturalisation Certificate. Department of Home Affairs Travel document valid up to five years after date of issue. Department of Home Affairs Evidence of Immigration Status (EIS) ImmiCard valid to date of expiry. Department of Home Affairs Permanent Resident Evidence (PRE) ImmiCard valid to date of expiry. Department of Home Affairs Australian Migration Status (AMS) ImmiCard valid to date of expiry. Current Police Officer Photo Identity Card issued in ACT only. Australian Proof of Age Card / Proof of Identity Card / NSW Photo Card with appropriate security features that displays the date of issue by Authority and current or expired up to two years. 	 Current Medicare Card. Current Student Identity Document with photograph and signature issued by an Educational Institution. Current Centrelink or Department of Veterans Affairs Concession Card. KeyPass Identity Card issued by Australia Post current or expired up to two years. Security Guard / Crowd Controller Identity Card with photograph issued by an Australian State or Territory current or expired up to two years. Firearm Licence with photograph issued by an Australian State or Territory current or expired up to two years. Current Consular Identity Card with photograph issued by Department of Foreign Affairs and Trade. Current State, Territory or Federal Government Employee Identity Card with photograph. Current Australian Defence Force Identity Card with photograph. Current ACT Government Services Access Card. Working with Vulnerable People Registration Card current or expired up to two years. ACT High Risk Work Licence current or expired up to two years. Proof of Residency (excluding Proof of Identity Cards issued after 19 September 2018) Contract of Purchase, Current Lease or Rental Agreement for relevant premises prepared by a real estate agency or the ACT Government. Private rental agreements or receipts will not be accepted. 		
CURRORTING DOCUMENTS			

SUPPORTING DOCUMENTS
 Three forms of proof of identity, at least one being primary proof of identity, for each parent. If the marriage or civil partnership was not registered in the ACT, the registered certificate is required.





BIRTHS, DEATHS AND MARRIAGE

APPLICATION FOR CERTIFICATE

Civil Partnerships Act 2008 Births, Deaths and Marriages Registration Act 1997 Births, Deaths and Marriages Registration Regulation 1998

		Registration Number (Office use only)				
DETAILS OF APPLICANT (Person completing form)						
Surname		Given Name(s)				
Current Residential Address		l				
Daytime Contact Number	E-mail Address		Signature of Applicant			
Reason Certificate is Required	Relationship to Person Named on Certificate					
POSTAGE DETAILS Postal Address (If different from residential addre	ss)					
	,					
BIRTH CERTIFICATE APPLICATION						
Choose the certificate type						
Standard Birth certificate – (used for I	egal purposes and printec	on security paper)				
Commemorative certificate – (unable to be used for legal purposes)						
Commemorative Birth package – (includes a standard Birth certificate and a Commemorative certificate)						
If you have selected a Commemorative certificate or Commemorative Birth package, please choose the design:						
Canberra Capital Bluebe		Blue Bunny	Pink Bunny			
☐ Bears ☐ Duck ☐ Sparkle	es Bubbles	Woods] Flags			
Surname at Time of Birth		Given Name(s) at Time	of Birth			
Date of Birth Place of B	rth					
1 1						
Mother's / Birth parent's / Father's Full Former Name (If any)		Father's / Other parent's / Mother's Full Name				