



BIRTHS, DEATHS AND MARRIAGES
**NOTIFICATION OF BIRTH NOT
OCCURRING IN A HOSPITAL**

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

IMPORTANT INFORMATION

This form may be used to notify the Registrar-General of a birth that did not take place in a hospital. All births occurring in the Australian Capital Territory must be notified to the Registrar-General. If the birth did not occur in a hospital the doctor or midwife responsible for the professional care of the mother is responsible for notifying the Registrar-General. Notification is required within 7 days after the birth in the case of a live birth, or 48 hours in the case of a stillbirth.

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 the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using DVS.

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 tape.

LODGEMENT AND CONTACT INFORMATION

Preferred lodgement is by email: BirthsOnline@act.gov.au
In Person: Please visit www.act.gov.au/accessCBR to find an Access Canberra Service Centre
General Enquires: 132281

If you require further information or require 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)	
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Notification Number (Office use only)	
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DETAILS OF CHILD

Date of Birth / /	Time of Birth am/pm	If Multiple Birth (i.e. 1 of 2) of	
Sex of Child	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unspecified
	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Intersex	
Weight grams	Was child born alive <input type="checkbox"/> Yes <input type="checkbox"/> No	Gestation if not alive weeks	Is the Child to be Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth			
Was the Child taken to a Hospital within 48 hours? If Yes, please provide the name of the Hospital			
<input type="checkbox"/> Yes – Name of Hospital:		<input type="checkbox"/> No	

DETAILS OF BIRTH PARENT MOTHER AT THE TIME OF THE CHILD'S BIRTH

Surname	Given Name(s)
Place of Birth (suburb/town and state/country)	Residential Address at the Time of the Child's Birth

DOCTOR OR MIDWIFE RESPONSIBLE FOR THE PROFESSIONAL CARE OF THE BIRTH PARENT MOTHER

I certify that I have read this form thoroughly and that the information provided, is to the best of my knowledge and belief, true and correct for registration purposes. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in the declaration are true in every particular.

Full name	Given Name(s)
Full Residential Address	
Daytime telephone number	Occupation
E-mail Address	
Signature	