

WHO IS RESPONSIBLE FOR REGISTRATION

The parent(s) of a child are responsible for having the child's birth registered and must sign this form. The Registrar-General will refrain from entering details of a parent who has not signed this form. In the case of stillbirths, the parent(s) may permit hospital staff to complete this form on their behalf; however, the parent(s) must still sign the form. The completed form should be emailed to the address below. The hospital or medical attendant should complete the birth details section of this form.

WHY REGISTRATION IS IMPORTANT

You are required by law to register the birth of a child within 6 months after the date of the birth. It is compulsory to register all live births. In the case of stillbirths you can choose whether or not you want to register your baby (a) If your baby was delivered on or after 27 August 2018; and (b) Your baby died (their heartbeat stopped) before they reach 20 weeks gestation; and (c) Your baby's birth has not already been registered. If you fail to lodge a birth registration statement, the Registrar-General may register the birth with incomplete information. The Registrar-General may assign a name to a child if the name stated is a prohibited name or the parents are unable to agree on a name. It is in the best interests of both the parents and the child that the birth is correctly and completely registered. If you do not register your child's birth, you will not be able to obtain a birth certificate for your child. A standard birth certificate provides legal evidence of age, place of birth and particulars of the parent(s), and may be required for school enrolment, drivers licence, employment and government benefits. Commemorative certificates are not generally accepted as a legal document.

PRIVACY INFORMATION

The collection of personal and health information in this form is authorised by the [Births, Deaths and Marriages Registration Act 1997](#). We use this information to assess your eligibility, confirm your identity, register your details, issue your certificate and to contact you about your application.

The information you provide will be securely stored in the Registry. The Registrar-General protects your privacy in accordance with the [Information Privacy Act 2014](#).

Information held in the Registry may be deidentified and shared with authorised government and non-government agencies for statistical purposes. Identifiable information may be provided to law enforcement agencies in limited circumstances authorised by law. Certificates issued by this office may be checked by external agencies using the National Document Verification Service.

HOW WE USE THE DOCUMENT VERIFICATION SERVICE

The [Document Verification Service \(DVS\)](#) is a national secure online system. We may use the DVS to check identity documents issued by Australian, State and Territory agencies. The DVS checks your details are the same as those on your ID and that your ID is real. We only keep a copy of your identity documents when further checks are required or when a document is not verifiable in the DVS.

For further information see our [DVS Collection Notice](#).

You have the choice not to use the DVS. If you do not consent to the DVS, you must attend an Access Canberra Service Centre.

You must select one option below.

- I consent** to my documents being checked in the DVS (email, mail or Access Canberra Service Centre submission).
- I do not consent** to my documents being checked in the DVS and will attend an Access Canberra Service Centre for my documents to be checked in person. Please take original identity documents and photo ID for checking.

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand, please print clearly and use a solid black pen.
- 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.
- Substitute information must be clear and both parents if applicable must sign in the margin. Do not use correction fluid or tape.
- Traditional cultural naming practices are acceptable however legislation prevents non-English symbols from being entered into the register.
- 3 forms ID for both parents must be included in the application
- Inaccurate information may delay registration of the birth.

There is no fee to lodge a birth registration statement however a fee is applicable if you require a birth certificate. For information and forms to apply for a certificate please refer to the certificate order form included in this document or visit the Access Canberra website.

SUPPORTING DOCUMENTS - PROOF OF IDENTITY

Three forms of proof of identity are required for both parents. At least one needs to be primary ID.

Primary	Secondary
<ul style="list-style-type: none">• A Photographic Driver Licence issued in Australia (current or expired up to two years).• Australian Birth Certificate (not a Commonwealth certificate and not an extract). If the certificate is not in the same name currently used, you'll need to provide appropriate linking documentation• Australian Passport (current or expired up to three (3) years).• Overseas passport (current or expired up to three (3) years).• Australian Citizenship Certificate or Naturalisation Certificate.• Department of Foreign Affairs and Trade travel document (Convention Travel Documents or Certificate of Identity).• Australian Visa• Department of Home Affairs ImmiCard• ACT Police officer photo-identity card• Australian proof of age card, including a New South Wales photo card (current or expired up to two (2) years).• Other acceptable ID – For full list Acceptable ID for births, relationships and deaths - Access Canberra	<ul style="list-style-type: none">• Current Medicare Card.• Current account card with signature and embossed name from a bank, building society or credit union. The cards themselves need to be sighted by Access Canberra staff. You can't use them as proof of identity for online and mail registrations.• Current Student Identity Document (with photo and/or signature) issued by an educational institution• Current Centrelink or Department of Veterans Affairs Concession Card.• An Australian issued security guard/crowd controller licence (with photo)• ACT working with vulnerable people registration card (current or expired up to two (2) years)• Australian-issued firearm licence (with photo)• Current consular photograph identity card issued by the Department of Foreign Affairs and Trade• Current state, territory, or Australian Government employee photo identity card• Australian Defence Force photo identity card (excluding civilians)• ACT services access card issued by the ACT Government (for asylum seekers).• Other acceptable ID – For full list Acceptable ID for births, relationships and deaths - Access Canberra

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 need advice, a language assistance service is available by phoning the **Translating and Interpreting Service (TIS) on 13 14 50**



BIRTHS, DEATHS AND MARRIAGES
BIRTH REGISTRATION STATEMENT

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

DETAILS OF CHILD TO BE COMPLETED BY PARENTS (Any alterations must be signed by all parties)

Surname/Family Name	Given Name(s)
Sex to be included on birth certificate (please tick one box)	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	

DETAILS OF CHILD TO BE COMPLETED BY HOSPITAL OR MEDICAL ATTENDANT

Date of Birth	Time of Birth	Sex of Child (if the sex of the child is known)		If Multiple Birth (i.e. 1 of 2)
/ /	am/pm	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex		of
Weight	Was Child Born Alive	Gestation if Not Alive	Place of Birth (name of hospital or address if other place)	
grams	<input type="checkbox"/> Yes <input type="checkbox"/> No	weeks		
Medical Practitioner/s	Registered Nurse/s or Midwife	Other Witnesses Present at the Birth (eg: Father, Friends)		
Dr	Rn/Rm			

DETAILS OF MOTHER BIRTH PARENT FATHER OTHER PARENT AT THE TIME OF BIRTH (Please select the option you are known as. Failure to select an option will result in your details being recorded as Birth Parent)

Surname/Family Name	Given Name(s)		
Former Surname/Maiden Name if Any	Date of Birth	Occupation	
	/ /		
Place of Birth (suburb/town and state/country)	Residential Address at the Time of the Child's Birth		
Is the <input type="checkbox"/> Mother <input type="checkbox"/> Birth Parent <input type="checkbox"/> Father <input type="checkbox"/> Other parent of the Child of Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander origin			
Day time contact telephone number	Signature		

DETAILS OF THE FATHER OTHER PARENT MOTHER BIRTH PARENT AT THE TIME OF BIRTH (Please select the option you are known as. Failure to select an option will result in your details being recorded as Other Parent)

Surname/Family Name	Given Name(s)		
Former Surname if Any	Date of Birth	Occupation	
	/ /		
Place of Birth (suburb/town and state/country)	Residential Address at the Time of the Child's Birth		
Is the <input type="checkbox"/> Father <input type="checkbox"/> Other Parent <input type="checkbox"/> Mother <input type="checkbox"/> Birth Parent of the Child of Aboriginal or Torres Strait Islander Origin?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander origin			
Daytime Contact Telephone Number	Signature		

DETAILS OF PARENTS' RELATIONSHIP (If applicable)

Are the Parents of the Child in a Domestic Partnership Marriage Civil Partnership Civil Union
 No relationship

If in a Marriage, Civil Partnership or Civil Union please complete details below

Date of Marriage/Endorsement/Declaration	Place of Marriage/Endorsement/Declaration
/ /	Suburb/Town State/Country

DETAILS OF OTHER CHILDREN OF THIS RELATIONSHIP (List in order of birth including adopted children)

Given Names in Full	Date of Birth	Sex	Deceased	Stillborn
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>

DETAILS OF CHILDREN OF MOTHER/BIRTH PARENT/ FATHER NOT OF THIS RELATIONSHIP (List in order of birth including adopted children)

Given Names in Full	Date of Birth	Sex	Deceased	Stillborn
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>

Would you like this information to appear on the birth certificate? No Yes

DETAILS OF CHILDREN OF FATHER/OTHER PARENT/ MOTHER NOT OF THIS RELATIONSHIP (List in order of birth including adopted children)

Given Names in Full	Date of Birth	Sex	Deceased	Stillborn
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>

Would you like this information to appear on the birth certificate? No Yes

DETAILS OF INFORMANT/PARENT COMPLETING THIS FORM

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 is guilty of an offence under *the Criminal Code* and I believe that the statements in this declaration are true in every particular.

Full name	Occupation	
Full Residential Address		
Email Address		
Daytime Telephone Number	Relationship to Child	Signature

BIRTH CERTIFICATE ORDER FORM

CERTIFICATE APPLICATION INFORMATION

- It is not compulsory to order a birth certificate at the time a child is registered.
- If you order a commemorative package you will also receive a standard birth certificate
- All certificates sent by mail attract a registered postage fee. This service ensures your certificate is protected during delivery and minimises the risk of the certificate being intercepted or stolen.

DETAILS OF CHILD

Surname of Child	Given Name(s) of Child	Date of Birth of Child
		/ /

CERTIFICATE(S) ORDER - Commemorative Certificates are unable to be used for legal purposes

For a list of fees for a standard certificate/commemorative package, please refer to Access Canberra website for fee schedule.

- Standard birth certificate Commemorative package

TYPES OF COMMEMORATIVE CERTIFICATES



Canberra



Capital



Bluebell



Bears



Clowns



Duck



Sparkles



Bubbles



Woods



Flags



Blue Bunny



Pink Bunny

CHOOSE A CERTIFICATE:

- Birth Certificate showing child's sex
 Birth Certificate that does not show child's sex.

DETAILS OF APPLICANT (All Certificates forwarded by mail to person listed below)

Surname	Given Name(s)
Postal Address	
Daytime Contact Telephone Number	E-mail Address
Relationship to Child	Signature of Applicant