



BIRTHS, DEATHS AND MARRIAGES
BIRTH REGISTRATION STATEMENT

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

| | |
|---|--|
| Registration Number (Office use only) | |
|---|--|

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

Application Number

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.
- For security purposes the example commemorative certificates below have been altered.

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

| | | | | | |
|---|--|--|--|---|--|
|  |  |  |  |  |  |
| <input type="checkbox"/> Canberra | <input type="checkbox"/> Capital | <input type="checkbox"/> Bluebell | <input type="checkbox"/> Bears | <input type="checkbox"/> Clowns | <input type="checkbox"/> Duck |
|  |  |  |  |  |  |
| <input type="checkbox"/> Sparkles | <input type="checkbox"/> Bubbles | <input type="checkbox"/> Woods | <input type="checkbox"/> Flags | <input type="checkbox"/> Blue Bunny | <input type="checkbox"/> Pink Bunny |

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

| | | | |
|---|---|-------------------------------|--|
| Surname | | Given Name(s) | |
| | | | |
| Current Residential Address | | | |
| | | | |
| Daytime Contact Telephone Number | E-mail Address | Signature of Applicant | |
| | | | |
| Reason Certificate is Required | Relationship to Child Named on Certificate | | |
| | | | |

POSTAGE DETAILS

| |
|-----------------------|
| Postal Address |
| |



BIRTHS, DEATHS AND MARRIAGES BIRTH REGISTRATION STATEMENT

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

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 *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: BirthsOnline@act.gov.au

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.
- 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.
- 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.

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**