**IMPORTANT INFORMATION**

This form is to be used to include details of a parent in the register of births, after a child’s birth has been registered. Parent of a child includes the child’s mother, father or someone else who is presumed to be a parent under the *Parentage Act 2004*. You can access legislation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR).

**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**

<table>
<thead>
<tr>
<th>Post:</th>
<th>In Person:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Canberra</td>
<td>Please visit</td>
</tr>
<tr>
<td>GPO Box 158</td>
<td>Or call 132281 to find an</td>
</tr>
<tr>
<td>Canberra, ACT 2601</td>
<td>Access Canberra Shopfront.</td>
</tr>
</tbody>
</table>

Email address for enquiries: bdm@act.gov.au

**INSTRUCTIONS FOR COMPLETION**

- If completing this form by hand please use a blue or 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 blue or black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.
- If this application is lodged in person, both parents must provide 3 original forms of identification.
- If this application is lodged in person, Births, Deaths and Marriages staff may witness all signatures.
- If this application is lodged by post, both parents must provide 3 copies of identification certified as true copies of the original identification by a Justice of the Peace, Solicitor or Police Officer.
- If this application is lodged by post, a Justice of the Peace, Solicitor or Police Officer must witness all signatures.
- No fee applies to the lodgement of this application, however a fee does apply where an updated birth certificate is required.
- Lodgement of this form does not automatically change the child’s name.
- For information and forms to apply for a new birth certificate or registration of a change of the child’s name please visit our 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
### Application to Add Details of Parentage After Registration of Birth

**BIRTH, DEATHS AND MARRIAGES**

Form 202 – AAP

<table>
<thead>
<tr>
<th>Applicants Contact Number</th>
<th>Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Office use only)</td>
</tr>
</tbody>
</table>

**Details of Child at Time of Birth**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Names</th>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Birth Parent’s/Mother’s/Father’s Statement** (please indicate whether person is to be known as birth parent, mother or father)

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

  **of (address)**

  make the following statement

  - The person described below is the other parent/father/mother of the child described above; and,
  - I wish to include the details of the person described below in the birth registration of the child described above.
  - 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** (Birth parent’s/mother’s/father’s signature)  
  **Declared at** (place)  
  **on** (date)

- **Other Parent’s/Father’s/Mother’s Statement** (please indicate whether person is to be known as other parent, father or mother)

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

  **of (address)**

  make the following declaration:

  - I am the other parent/father/mother of the child described above; and,
  - I wish to include my details in the birth registration of the child described above.
  - 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.

  **Date of Birth** / /  **Place of Birth**  
  **Occupation** (at time of the child’s birth)

  **Signed** (Other parent’s/father’s/mother’s signature)  
  **Declared at** (place)  
  **on** (date)