

Form 204 - ACS**IMPORTANT INFORMATION**

This form may be used to apply to the Registrar-General for alteration of a person's sex in the registration of the person's birth if:

- the person is at least 18 years of age; and
- the person's birth is registered in the ACT; and
- the person has received appropriate clinical treatment for the alteration, or is an intersex person.

This form may also be used by the parent(s) or person(s) with parental responsibility for a child to apply for the alteration of a child's sex in the registration of a child's birth if:

- the child's birth is registered in the ACT;
- the child has received appropriate clinical treatment for the alteration, or is an intersex person; and
- the parent(s) or person(s) with parental responsibility believe on reasonable grounds that the alteration is in the child's best interests.

One parent may make application if only one parent is named in the child's birth registration or if the other parent is deceased, in which case a copy of the death certificate is required.

The application must also be accompanied by **Form 205 – MPD - Doctor or Psychologist Declaration in support of a change of Sex** to certify that the person has received appropriate clinical treatment for the alteration or is an intersex person.

A fee applies to lodge an application to alter the birth register to record a change of sex. An additional fee applies for a new birth certificate after the alteration is made; please complete an application for certificate form. For a list of fees for a certificate, please refer to the Access Canberra fee schedule. If delivery is required by mail, the certificate will attract an additional registered person-to-person postage fee.

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.

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand, please print clearly and use 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 black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.
- If lodging the application in person, you must supply original identification documents.
- If lodging the application by post, you must have all identification documents certified as true copies of the originals by a person who is authorised under the *Statutory Declarations Act 1959* (C'wlth) (e.g. Justice of the Peace, Solicitor or Police Officer).
- If lodging the application by post, all signatures must be witnessed by a Justice of the Peace, Solicitor or Police Officer.
- A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50

LODGEMENT AND CONTACT INFORMATION**Email:**bdm@act.gov.au**Post:**

Access Canberra
Births, Deaths and Marriages
GPO Box 158
Canberra, ACT 2601

In Person:

Please visit
www.act.gov.au/accessCBR
Or call **132281** to find an
Access Canberra Shopfront.



BIRTHS, DEATHS AND MARRIAGES
**APPLICATION TO ALTER BIRTH REGISTER
TO RECORD CHANGE OF SEX**

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

Form 204 - ACS

Registration Number
(Office use only)

Date Received
(Office use only)

/ /

DETAILS OF PERSON WHOSE BIRTH REGISTRATION IS TO BE ALTERED

Current Surname	Current Given Name(s)
Surname at Time of Birth	Given Name(s) at Time of Birth
Date of Birth	Place of Birth (where in the ACT)
/ /	

Sex on Birth Certificate

☐ Male ☐ Female ☐ Unspecified ☐ Indeterminate ☐ Intersex

Current Residential Address

	Postcode
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Current Postal Address (If different)

	Postcode
--	----------

E-mail Address

DETAILS OF PARENTS

Birth parent's / Mother's Surname	Birth parent's / Mother's Given Name(s)
Birth parent's / Mother's Former Surname Name (If any)	Birth parent's / Mother's Former Given Name(s) (If any)
Other parent's/Father's Surname	Other parent's/Father's Given Name(s)
Other parent's/Father's Former Surname Name (If any)	Other parent's/Father's Former Given Name(s) (If any)

DETAILS OF CLINICAL TREATMENT

Date treatment received	Name of Doctor or psychologist providing appropriate clinical treatment (statutory declaration from them to be attached)
/ / - / /	

Sex identification after treatment

☐ Male ☐ Female ☐ Unspecified ☐ Indeterminate ☐ Intersex

Sex to be included on birth certificate and on other BDM certificates (please tick one box)																			
<input type="checkbox"/> Male				<input type="checkbox"/> Female				<input type="checkbox"/> Unspecified				<input type="checkbox"/> Indeterminate				<input type="checkbox"/> Intersex			
DECLARATION BY APPLICANT/BIRTH PARENT/MOTHER/PERSON WITH PARENTAL RESPONSIBILITY																			
I, (full name)								being a (occupation)											
of (address)																			
<ul style="list-style-type: none">make the following declaration:I hereby apply to the Registrar-General to alter the sex listed on the birth registration of the person listed as the applicant on this form.If the change of sex is for a child, I am the child’s parent or have parental responsibility and believe that the alteration of the record of the child’s sex is in the best interests of the child.I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under the Criminal Code and I believe that the statements in this declaration are true in every particular.																			
Signed (applicant’s/birth parent/mother’s/guardian’s signature)								Declared at (place)				on (date)							
DECLARATION BY OTHER PARENT/FATHER/ PERSON WITH PARENTAL RESPONSIBILITY																			
I, (full name)								being a (occupation)											
of (address)																			
make the following declaration: <ul style="list-style-type: none">I hereby apply to the Registrar-General to alter the sex listed on the birth registration of the person listed as the applicant on this form.If the change of sex is for a child, I am the child’s parent or have parental responsibility and believe that the alteration of the record of the child’s sex is in the best interests of the child.I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under the Criminal Code and I believe that the statements in this declaration are true in every particular.																			
Signed (other parent/father’s/guardian’s signature)								Declared at (place)				on (date)							
PAYMENT DETAILS																			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard				Expiry Date				/				Amount		\$					
Cardholder Name								Cardholder Signature											
Card Number																			
PLEASE NOTE: Payments may be made by cheque, money order or credit card if lodged by post, or also by cash or EFTPOS if lodged in person. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.																			