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

- Information about completing this form and lodgement options can be found on the Access Canberra Website at www.act.gov.au/accessCBR.
- 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.
- Please ensure you identify the information you want to appear on the certificate.

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 Service Centre

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 FOR RECOGNISED DETAILS CERTIFICATE**

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

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

**Form 204/1 - ACSRD**

| Date Received (Office use only) | / / |
| Registration Number (Office use only) | |

**DETAILS OF PERSON WHO IS APPLYING FOR THE RECOGNISED DETAILS CERTIFICATE**

<table>
<thead>
<tr>
<th>Current Surname</th>
<th>Current Given Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname at Time of Birth</td>
<td>Given Name(s) at Time of Birth</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

**Sex on Birth Certificate**

- [ ] Male
- [ ] Female
- [ ] Unspecified
- [ ] Indeterminate
- [ ] Intersex

Current Residential Address

Email Address

**DETAILS OF PARENTS (not compulsory if applicant is over 18 years of age)**

<table>
<thead>
<tr>
<th>Birth parent’s □ /Mother’s □ /Father’s □ Surname</th>
<th>Birth parent’s □ /Mother’s □ /Father’s □ Given Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth parent’s /Mother’s/Father’s Former Surname (If any)</td>
<td>Birth parent’s/Mother’s/Father’s Former Given Name(s) (If any)</td>
</tr>
<tr>
<td>Other parent’s □ /Father’s □ /Mother’s □ Surname</td>
<td>Other parent’s □ /Father’s □ /Mother’s □ Given Name(s)</td>
</tr>
<tr>
<td>Other parent’s/Father’s/Mother’s Former Surname (If any)</td>
<td>Other parent’s/Father’s/Mother’s Former Given Name(s) (If any)</td>
</tr>
</tbody>
</table>

**DETAILS TO APPEAR ON RECOGNISED DETAILS CERTIFICATE (Name and sex is automatically included)**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
<th>Previous Surname</th>
<th>Previous Given Name(s)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Previous Sex</th>
<th>Birth Parent’s/Mother’s/Father’s Name</th>
<th>Other Parent’s/Father’s/Mother’s Name</th>
</tr>
</thead>
</table>

**STATEMENT BY APPLICANT □ /BIRTH PARENT □ /MOTHER □ /FATHER □ /PERSON WITH PARENTAL RESPONSIBILITY □**

I, (full name) being a (occupation)

of (address)

make the following declaration:

- I hereby apply to the Registrar-General for a Recognised Details Certificate for the person listed as the applicant on this form.
- If the applicant is under 18 years of age, I am the child’s parent/mother/father or have parental responsibility and believe that the issue of the Recognised Details Certificate is in the best interests of the child.
- 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 (applicant’s/birth parent/mother/father/guardian’s signature)  Declared at (place) on (date)

STATEMENT BY OTHER PARENT/FATHER/MOTHER/PERSOON WITH PARENTAL RESPONSIBILITY

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

make the following declaration:
- I hereby apply to the Registrar-General for a Recognised Details Certificate the person listed as the applicant on this form.
- If the applicant is under 18 years of age, I am the child’s parent/father/mother or have parental responsibility and believe that the issue of the Recognised Details Certificate is in the best interests of the child.
- 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 (other parent/father/mother/guardian’s signature) Declared at (place) on (date)

DETAILS OF CLINICAL TREATMENT (if applicable. To be completed be treating doctor)

<table>
<thead>
<tr>
<th>Date treatment received</th>
<th>Name of Doctor or psychologist providing appropriate clinical treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/____ - <strong><strong>/</strong></strong>/____</td>
<td></td>
</tr>
</tbody>
</table>

Telephone Number During Business Hours Medical Registration Number

Current Postal Address

Sex identification after treatment

- Male
- Female
- Unspecified
- Indeterminate
- Intersex

STATUTORY DECLARATION BY DOCTOR OR PSYCHOLOGIST

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

make the following declaration under the Statutory Declarations Act 1959:
- I hereby verify that the applicant named above has undergone appropriate clinical treatment for alteration of the person’s sex, and that I have verified the applicant’s identity from documents produced to me.
- I hereby verify that the applicant named above is an intersex person and that I have verified the applicant’s identity from documents produced to me.
- 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 this declaration are true in every particular.

Signed Declared at (place) on (date)

Before me, (signature of witness) Full Name of Witness

Qualification of Witness (E.g.: Justice of the Peace, Solicitor, Police Officer or Access Canberra Service Centre Staff)

Address of Witness

PAYMENT DETAILS

<table>
<thead>
<tr>
<th>Visa</th>
<th>Mastercard</th>
<th>Expiry Date</th>
<th>/</th>
<th>Amount $</th>
</tr>
</thead>
</table>

Cardholder Name Cardholder Signature

Card Number

PLEASE NOTE: Payments may be made by money order or credit card if lodged by post, also by EFTPOS if lodged in person.