

Form 205 - MPD**IMPORTANT INFORMATION**

This form is to be completed by a doctor or psychologist in support of an application to alter a person's birth registration to record a change of sex.

A psychologist is a person registered under the *Health Practitioner Regulation National Law (ACT)* to practice in the psychology profession (other than as a student).

The statement must certify that the person has received appropriate clinical treatment for alteration of the person's sex, or that they are an intersex person.

There is no fee to lodge this declaration in support of a change of sex, however a fee does apply for the lodgment of an application to alter the birth register to record a change of sex.

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**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

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please print clearly and use a 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 lodging the application in person, you must supply original identification documents. (include copies with application)

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
**DOCTOR OR PSYCHOLOGIST DECLARATION
IN SUPPORT OF A CHANGE OF SEX**

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

Form 205 - MPD

Date Received

(Office use only)

/

/

Registration Number

(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	Sex at Time of Birth		Place of Birth (in the ACT)
/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex		

DETAILS OF CLINICAL TREATMENT

Dates of clinical treatment	Sex resulting from clinical treatment
___/___/___ - ___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex

DETAILS OF DOCTOR OR PSYCHOLOGIST

Surname	Given Names
Telephone Number During Business Hours	Medical Registration Number
Current Postal Address	
	Postcode

STATEMENT BY DOCTOR OR PSYCHOLOGIST (tick the appropriate boxes)

I, (full name)	being a (occupation)
of (address)	
make the following statement: <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> I understand that a person who intentionally makes a false statement is guilty of an offence under <i>the Criminal Code</i> and I believe that the statements in this declaration are true in every particular.	
Signed	Declared at (place) on (date)