

MPD

Form 205

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

Registrar-General's Office

MEDICAL PRACTITIONER'S DECLARATION IN SUPPORT OF CHANGE OF SEX **PRIVACY COLLECTION STATEMENT (PRIVACY ACT 1988 (C'WLTH))**

PRIVACY NOTES

The *Births, Deaths and Marriages Registration Act 1997* authorises the Registrar-General to collect the information required by this form in processing your application. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (C'wlth)*. However, the Registrar-General provides identifiable information to law enforcement organisations and authorised organisations that have the legal authority to request information under prescribed circumstances.

GENERAL INFORMATION

This form is to be completed by a medical practitioner in support of an application to alter a person's birth registration to record a change of sex. An application to record a change of sex on a person's birth registration must be supported by 2 completed medical practitioner's declarations in support of a change of sex.

Section 23 of the *Births, Deaths and Marriages Registration Act 1997* defines sexual reassignment as a surgical procedure involving the alteration of a person's reproductive organs that is carried out –

- for the purpose of assisting a person to be considered to be a member of the opposite sex; or
- to correct or eliminate an ambiguity relating to the sex of a person.

FEES CURRENT TO 30 JUNE 2007

The fee to lodge an application to alter the birth register to record a change of sex is \$34.00. If you wish to apply for a new birth certificate after the alteration is made please complete an application for certificate form. The fee to apply for a new certificate is \$34.00 and if the certificate is to be sent by mail, a further \$5.00 registered person to person postage fee applies.

CONTACT DETAILS

The Registrar-General's Office is located at 255 Canberra Avenue, Fyshwick. Our postal address is PO Box 225, Civic Square ACT 2608. Our office hours are 8:30am to 4:30pm Monday to Friday. You may also download forms and information from our website at www.rgo.act.gov.au or contact this office on (02) 6207 0460.

SIGNATURES AND WITNESSES TO SIGNATURES

This form must be signed by the medical practitioner and witnessed by a person who is authorised under the *Statutory Declarations Act 1959*.

Telephone Interpreter Services

If English is not your first language, and you need help with this form, please telephone 131 450 for assistance 24 hours a day.

ENGLISH	If you need interpreting help, telephone:
ARABIC	: إذا احتجت لمساعدة في الترجمة الشفوية، إتصل برقم الهاتف:
CHINESE	如果你需要传译员的帮助，请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajjuna t'interpretu, ċempel:
PERSIAN	: اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodioca telefoniрајте:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:
TRANSLATING AND INTERPRETING SERVICE	
131 450	
<small>Canberra and District - 24 hours a day, seven days a week</small>	

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**ACT GOVERNMENT**

Births, Deaths and Marriages Registration Act 1997
 Registrar-General's Office

Registration No

MEDICAL PRACTITIONER'S DECLARATION IN SUPPORT OF CHANGE OF SEX

DETAILS OF THE PERSON WHOSE BIRTH REGISTRATION IS TO BE ALTERED

Surname

Given names

Date of birth

Date sexual reassignment surgery performed

Sex recorded on original birth registration

Sex to be recorded on altered birth registration

MEDICAL PRACTITIONER'S DETAILS

Surname

Given names

Surgery address

	Postcode

Postal address if different from surgery

	Postcode

Telephone number during business hours

Medical registration number

DECLARATION BY MEDICAL PRACTITIONER

I, being a (occupation)

of (address)

	Postcode
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hereby verify that the applicant named above has undergone sexual reassignment surgery as defined in section 23 of the *Births, Deaths and Marriages Registration Act 1997*, and that I have verified the applicant's identity from documents produced to me, and solemnly and sincerely declare that the statements made above are true and correct by virtue of the *Statutory Declarations Act 1959* and are subject to penalties provided by that Act for making false statements.

Declared at (suburb/town)

State/Territory

Medical practitioner's signature

Dated on

Before me (signature of witness)

Qualification of witness (JP, Solicitor, Police Officer or BDM Staff)

Telephone contact of witness

Full name of witness

Address of witness