

**APP**

Form 208

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

Registrar-General's Office

**APPLICATION FOR A CERTIFICATE****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 can be used to apply for a birth, death, marriage or change of name certificate for events that have occurred and are registered in the Australian Capital Territory only. Single status and parentage searches can be also be applied for using this form. If you are unable to comply with the stated requirements, you will need to contact this office for further assistance.

**COMMITMENT TO SERVICE**

For those applications received through the post, we commit to fulfilling your request for a certificate within three working days of receiving your application, providing we have enough information and evidence to establish your entitlement to the certificate. If your application does not meet our proof of identity requirements we may need you to reapply and provide additional identification and/or more information, either by post or by attending our office.

**REGISTERED PERSON TO PERSON POSTAGE**

If you are not applying in person at our office, the certificate will be sent to you by registered person to person post. As a result you will need to produce appropriate identification at the post office in order to collect the certificate. Without that identification Australia Post will not allow you to collect the certificate.

**FEES CURRENT TO 30 JUNE 2007**

The standard birth certificate fee is \$34.00. The commemorative package fee (which includes a standard birth certificate and a commemorative certificate) is \$48.00. If delivered by mail the certificate must be sent by secure registered person to person post and an additional \$5.00 fee is payable. If the certificate is to be sent by overseas mail, a \$16.00 international registered post fee will apply. Payment can be made by cash, credit card, EFTPOS, money order or cheque, all cheques and money orders should be made payable to the Registrar-General. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.

**CONTACT DETAILS**

The Registrar-General's Office is located at 255 Canberra Avenue, Fyshwick ACT 2609. 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](http://www.rgo.act.gov.au) or contact this office on (02) 6207 0460.

**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-għajjnuna 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 telefonirajte:       |
| 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**

Canberra and District - 24 hours a day, seven days a week

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Application No

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

Registrar-General's Office

**APPLICATION FOR A CERTIFICATE****PRIVACY COLLECTION STATEMENT (PRIVACY ACT 1988 (C'WLTH))****PART A – DETAILS OF APPLICANT**

|   |  |  |  |
|---|--|--|--|
| Surname                                     |  | Given names                                  |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |
| Current residential address                 |  | Postal address if different from residential |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |
| Daytime contact telephone number            |  | E-mail address                               |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |
| Relationship to person named on certificate |  | Reason certificate needed                    |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |
| Signature                                   |  | Signature                                    |  |
| <input type="text"/>                        |  | <input type="text"/>                         |  |

**PROOF OF IDENTITY REQUIREMENTS**

If you are applying for a birth, death, marriage, change of name certificate, single status or parentage search, there are particular identification requirements necessary for you to either apply for your own certificate or that of another person.

|   |                          |   |
|---|--------------------------|---|
| Your own certificate  | <input type="checkbox"/> | You will require 3 forms of identification as described in table A.   |
| A certificate for your child who is <u>under</u> 18   | <input type="checkbox"/> | You will require 3 forms of identification as described in table A.   |
| A certificate for your child who is <u>over</u> 18  | <input type="checkbox"/> | The Privacy Commissioner has advised that a parent does not have an automatic right of access to their child's birth certificate, once the child has turned 18. As a result the Registrar-General will only permit access to the certificate where the child consents in writing. You will require 3 forms of identification as described in table A for you as the applicant, 3 forms of identification as described in table A for the child upon whose behalf you are requesting the certificate, and a letter from the child giving consent that you may apply for the certificate on their behalf. |
| A certificate for another person  | <input type="checkbox"/> | You will require 3 forms of identification as described in table A for you as the applicant, 3 forms of identification as described in table A for the person named on the certificate, and a signed letter from the person named on the certificate giving consent that you may apply for the certificate on their behalf.   |
| A certificate for another person where there is a legal requirement – solicitor, under power of attorney, welfare group, legal guardian | <input type="checkbox"/> | You will require 3 forms of identification as described in table A for you as the applicant and evidence of authority to obtain the certificate which may include the following: <ul style="list-style-type: none"> <li>Registered Power of Attorney;</li> <li>Court Order; or,</li> <li>Guardianship Order.</li> </ul>   |

**TABLE A – IDENTIFICATION REQUIRED TO BE PROVIDED UPON APPLICATION (OFFICE USE ONLY)**

3 forms of current identification must be provided upon application. At least 1 form of identification from list 1 and 2 other forms of identification from list 2. In cases where a person is unable to provide enough forms of identification please contact this office.

| LIST 1                      | SIGHTED | NUMBER | LIST 2  | SIGHTED | NUMBER |
|-----------------------------|---------|--------|---|---------|--------|
| Australian Driver's Licence |         |        | Medicare Card                                 |         |        |
| Australian Passport         |         |        | Credit Card or Store Account Card             |         |        |
| Firearms Licence            |         |        | Centrelink Card                               |         |        |
| Foreign Passport            |         |        | Department of Veteran's Affairs Card          |         |        |
|                             |         |        | Security Guard Licence                        |         |        |
|                             |         |        | Tertiary Education Institution Identification |         |        |

## PART B – DETAILS OF THE PERSON NAMED ON THE CERTIFICATE

Standard Birth Certificate  Commemorative Package  Commemorative Certificate Only

If applying for a commemorative package or certificate please indicate which type:

Canberra  Capital  Bluebell  Year 2000  Clowns  Blue Bunny  Pink Bunny  Teddy Bears  Duck

|   |     |                                  |     |
|---|-----|----------------------------------|-----|
| Surname at birth                          |     | Other surnames if any            |     |
| Given names                               |     | Date of birth                    | / / |
| Mother's/Parent's full maiden/former name |     | Place of birth in ACT            |     |
| Mother's/Parent's date of birth           | / / | Mother's/Parent's place of birth |     |
| Father's/Parent's full maiden/former name |     |                                  |     |
| Father's/Parent's date of birth           | / / | Father's/Parent's place of birth |     |

Death Certificate

|                         |  |                       |     |
|-------------------------|--|-----------------------|-----|
| Surname of deceased     |  | Other surnames if any |     |
| Given names of deceased |  | Date of death         | / / |
| Place of death in ACT   |  | Age at death          |     |

Standard Marriage Certificate  Commemorative Package  Commemorative Certificate Only

|                             |     |                          |  |
|-----------------------------|-----|--------------------------|--|
| Groom's surname at marriage |     | Groom's given names      |  |
| Groom's date of birth       | / / | Groom's place of birth   |  |
| Bride's surname at marriage |     | Bride's given names      |  |
| Bride's date of birth       | / / | Bride's place of birth   |  |
| Date of marriage            | / / | Place of marriage in ACT |  |

Change of Name Certificate

Parentage Search Certificate

|                    |     |                          |  |
|--------------------|-----|--------------------------|--|
| Full name at birth |     | Current full name        |  |
| Date of birth      | / / | Any other previous names |  |

Single Status Search

|                    |     |                   |  |
|--------------------|-----|-------------------|--|
| Full name at birth |     | Current full name |  |
| Date of birth      | / / | Place of birth    |  |

## PART C – PAYMENT DETAILS

If you are applying by mail and payment is by credit card please complete the details below. If you are using another person's credit card, the cardholder must also provide written consent and identification before the application will be processed.

|                                   |                                     |                                    |        |             |
|-----------------------------------|-------------------------------------|------------------------------------|--------|-------------|
| <input type="checkbox"/> Bankcard | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Visa Card | Amount | \$          |
| Card Number                       |                                     |                                    |        | Expiry Date |
| Name of Cardholder                | Signature of Cardholder             |                                    |        |             |