

ACS

Form 204

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

Registrar-General's Office

APPLICATION TO ALTER BIRTH REGISTER TO RECORD 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 can 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 undergone sexual reassignment surgery; and
- the person is not married.

This form may also be used by the parent/s or guardian/s of a child to apply for the alteration of a child's sex in the registration of the child's birth if the child's birth is registered in the ACT and the child has undergone sexual reassignment surgery. One parent may make application if only one parent is named in the child's birth registration or if a parent is deceased, in which case a copy of the death certificate is required.

The application must also be accompanied by two completed medical practitioner's declarations verifying that the person has undergone sexual reassignment surgery and three forms of identification from the applicant/s.

FEES CURRENT TO 30 JUNE 2008

The fee to lodge an application to alter the birth register to record a change of sex is \$35.00. 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 \$35.00 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 ACT 2609. Our postal address is PO Box 225, Civic Square ACT 2608. Our office hours are 9:00am 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.

WITNESSES TO SIGNATURES AND CERTIFIED COPIES OF DOCUMENTS

If you are lodging this application in person you must supply original identification documentation. If sending your application by post you must have the identification documents certified as true copies of the original documents by a Justice of the Peace, Solicitor or Police Officer. If you are lodging this application in person all signatures may be witnessed by Births, Deaths and Marriages staff within the Registrar-General's Office. If you are sending your application by post all signatures must be witnessed by a Justice of the Peace, Solicitor or Police Officer.

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 διαμετρήνα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajjuna t'interpretu, cempel:
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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Form 204

**ACT GOVERNMENT**

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

Registration No

APPLICATION TO ALTER BIRTH REGISTER TO RECORD CHANGE OF SEX

DETAILS OF THE PERSON WHOSE BIRTH REGISTRATION IS TO BE ALTERED

Surname	Former surname if any
<input type="text"/>	<input type="text"/>
Given names	Former given names if any
<input type="text"/>	<input type="text"/>
Date of birth	Place of birth in ACT
<input type="text"/>	<input type="text"/>
Sex at time of birth	Date sexual reassignment surgery performed
<input type="text"/>	<input type="text"/>
Mother's full name	Mother's former full name if any
<input type="text"/>	<input type="text"/>
Father's/Parent's full name	Father's/Parent's former full name if any
<input type="text"/>	<input type="text"/>
If ever married	If ever married how the marriage was terminated
<input type="text" value="Yes / No"/>	<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"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Telephone number during business hours	E-mail address
<input type="text"/>	<input type="text"/>

DECLARATION BY APPLICANT/PARENT/GUARDIAN

I,

of (address)

Postcode

hereby apply to the Registrar-General to alter the information as described above and solemnly and sincerely declare that the statements made in this application 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

Applicant'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

DECLARATION BY PARENT/GUARDIAN IF REQUIRED

I,	being a (occupation)		
of (address)			Postcode

hereby apply to the Registrar-General to alter the information as described above and solemnly and sincerely declare that the statements made in this application 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) <input style="width: 100%; height: 20px;" type="text"/> Applicant's signature <input style="width: 100%; height: 20px;" type="text"/> Before me (signature of witness) <input style="width: 100%; height: 20px;" type="text"/> Telephone contact of witness <input style="width: 100%; height: 20px;" type="text"/> Address of witness <input style="width: 100%; height: 20px;" type="text"/>	State/Territory <input style="width: 100%; height: 20px;" type="text"/> Dated on <input style="width: 100%; height: 20px;" type="text"/> Qualification of witness (JP, Solicitor, Police Officer or BDM Staff) <input style="width: 100%; height: 20px;" type="text"/> Full name of witness <input style="width: 100%; height: 20px;" type="text"/>
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PAYMENT DETAILS

If you are applying by mail and payment is by credit card please complete the details below. Payment may 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.

<input type="checkbox"/> Mastercard		<input type="checkbox"/> Visa Card		Amount	\$
Card Number	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Expiry Date <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>
Name of Cardholder			Signature of Cardholder		