

ACR

Form 209

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

Registrar-General's Office

APPLICATION TO CORRECT A REGISTER**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 correct information kept in a register by the Registrar-General. This form may not be used to change the name of a child. An application to register a change of name for a child form must be completed and lodged for this purpose. If the correction relates to a birth registration for a child, both parents named on the certificate must sign and provide identification. If one parent is deceased, a copy of the death certificate is required. If the correction relates to a death registration, an immediate family member or the person who provided the information at time of registration must sign and provide identification. Please note that causes of death can only be changed by the medical practitioner who supplied the original information or by the coroner's office in the case of a coronial. If the correction relates to a marriage registration either party may apply to correct information relating to their details, however both parties must sign and provide identification. If one party is deceased a death certificate is required. In each circumstance, evidence of the correct information is required.

FEES CURRENT TO 30 JUNE 2007

There is no fee to lodge an application to correct a register, however a fee does apply if a new certificate is required after the correction is made. If you wish to apply for a certificate after the correction is made please complete an application for certificate form.

CONTACT DETAILS

The Registrar-General's Office is located 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 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 الصفوية، اتصل 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, čempel: |
| PERSIAN | اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید: |
| PORTUGUESE | Se vocé precisar da ajuda de um intérprete, telefone: |
| SERBIAN | Ako vam je potrebna pomoć prevodnioca 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**

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

ACR

Form 209



Registration No

ACT GOVERNMENT

Births, Deaths and Marriages Registration Act 1997

Registrar-General's Office

APPLICATION TO CORRECT A REGISTER

PART A – DETAILS OF APPLICANT

Surname

Given names

Current residential address

Postal address if different from residential

Postcode

Postcode

Telephone number during business hours

E-mail address

PART B – DETAILS OF CORRECTION

EXISTING DETAILS TO BE CHANGED IN THE REGISTER OF-

BIRTHS

DEATHS

OR MARRIAGES

CORRECT DETAILS TO REPLACE EXISTING INFORMATION

PART C – PARTY 1 DECLARATION

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

hereby apply to the Registrar-General to correct 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

PART D – PARTY 2 DECLARATION IF REQUIRED

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

hereby apply to the Registrar-General to correct 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