



ACT GOVERNMENT

Births, Deaths and Marriages Registration Act 1997

Registrar-General's Office

BIRTH REGISTRATION STATEMENT

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 for the establishment and maintenance of registers and 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 legal authority to request information under prescribed circumstances.

WHY REGISTRATION IS IMPORTANT

You are required by law to register the birth of a child within 60 days of the date of the birth. If you fail to lodge a birth registration statement, the Registrar-General may register the birth with incomplete information. The Registrar-General may assign a name to a child if the name stated is a prohibited name or the parents are unable to agree on a name. It is in the best interests of both the parents and the child that the birth is correctly and completely registered. If you do not register your child's birth, you will not be able to obtain a birth certificate for your child. A standard birth certificate provides legal evidence of age, place of birth and particulars of the parent(s), and may be required for school enrolment, drivers licence, employment and government benefits. Commemorative certificates are not generally accepted as a legal document. It is compulsory to register all live births, and in the case of stillbirths where the child is 400 grams or more or of at least 20 weeks gestation.

WHO IS RESPONSIBLE FOR REGISTRATION

The parent(s) of a child are responsible for having the child's birth registered, and must sign this form, whether or not they are married. The Registrar-General will refrain from entering details of a parent who has not signed this form. In the case of stillbirths the parent(s) may permit hospital staff to complete this form on their behalf, however the parent(s) must still sign the form. You should complete the attached form and deliver or post it to the address below within 60 days of the child's date of birth. The hospital or medical attendant should complete the birth details section of this form. Please print clearly and carefully check that all details provided are correct. Inaccurate information may delay registration of the birth or cause problems in the future.

GENERAL INFORMATION

Traditional cultural naming practices are acceptable, however legislation prevents non-English symbols from being entered into the register. A parent of a child means the child's mother, father or someone else who is presumed under the *Parentage Act 2004* to be a parent of the child. The statistical information relating to Aboriginal or Torres Strait Islander origin are collected for the Australian Bureau of Statistics for health and welfare purposes only. Each parent must initial any alterations made on this form.

FEES CURRENT TO 30 JUNE 2009

There is no fee to lodge a birth registration statement, however a fee is applicable if you require a birth certificate. If you wish to apply for a birth certificate you may complete the attached application form, and lodge your application with the birth registration statement.

CONTACT DETAILS

The Registrar-General's Office is located at 255 Canberra Avenue, Fyshwick ACT 2609. Our postal address is GPO Box 158, Canberra City ACT 2601. Our office hours are 9:00am to 4:30pm Monday to Friday. You may also download forms and information from our website at www.ors.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 مساعدة في الترجمة الشفوية، 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 διερμηνεία 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

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

BIRTH CERTIFICATE ORDER FORM

Application No

It is not compulsory to order a birth certificate at the time a child's birth is registered.
 If you order a commemorative package you will also receive a standard birth certificate.
 For security purposes the example commemorative certificates below have been altered.
 Full examples may be viewed in our office. Please select the type of certificate you wish to order.

Standard Birth Certificate Commemorative Package Commemorative Certificate Only

Type of Commemorative Certificate:

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



Certificate Type	Child's Full Name	Date of Birth	Quantity	Price	Amount
Standard Certificate only				\$36.00	\$
Canberra				\$51.00	\$
Capital				\$51.00	\$
Bluebell				\$51.00	\$
Year 2000				\$51.00	\$
Clowns				\$51.00	\$
Blue Bunny				\$51.00	\$
Pink Bunny				\$51.00	\$
Teddy Bears				\$51.00	\$
Duck				\$51.00	\$
Registered Post	All certificates sent by mail attract a \$5.00 registered person to person postage fee.			\$5.00	\$
TOTAL	Please ensure you add this fee to your payment.				\$

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	Reason certificate is required
<input type="text"/>		<input type="text"/>	<input type="text"/>
Relationship to child named on certificate		Signature	
<input type="text"/>		<input type="text"/>	

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 type="text"/>	<input type="text"/>	Expiry Date
Name of Cardholder	Signature of Cardholder		<input type="text"/>

BRS

Form 201



Registration No

Certificate Applied For (Office use Only) **Y / N****ACT GOVERNMENT***Births, Deaths and Marriages Registration Act 1997*

Registrar-General's Office

BIRTH REGISTRATION STATEMENT**DETAILS OF CHILD TO BE COMPLETED BY PARENT(S)**

Surname

Given names

DETAILS OF CHILD TO BE COMPLETED BY HOSPITAL OR MEDICAL ATTENDANT

Date of birth

 / /

Time of birth

 am/pm

Sex

If multiple birth (ie 1 of 2)

 of

Weight

 grams

Was child born alive?

 Yes No

Gestation if not alive

 weeks

Place of birth (name of hospital or address if other place)

Medical practitioner, registered nurse or midwife

 Dr/Rn/Rm

Other witnesses present at the birth

DETAILS OF MOTHER AT TIME OF CHILD'S BIRTH

Surname

Maiden name/former surname if any

Given names in full

Date of birth

 / /

Occupation

Place of birth

 Suburb/Town

Residential address at time of the birth of the child

State/Country

Aboriginal or Torres Strait Islander origin (for Australian Bureau of Statistics purposes only)

 None Yes, Aboriginal origin Yes, Torres Strait Islander origin Yes, both Aboriginal and Torres Strait Islander origin

Day time contact telephone number

Signature

DETAILS OF FATHER PARENT AT TIME OF CHILD'S BIRTH

Surname

Former surname if any

Given names in full

Date of birth

 / /

Occupation

Place of birth

 Suburb/Town

Residential address at time of birth of the child

State/Country

Aboriginal or Torres Strait Islander origin (for Australian Bureau of Statistics purposes only)

 None Yes, Aboriginal origin Yes, Torres Strait Islander origin Yes, both Aboriginal and Torres Strait Islander origin

Day time contact telephone number

Signature

DETAILS OF MARRIAGE OR DOMESTIC PARTNERSHIP IF APPLICABLE

Are the parents in a domestic partnership? Yes No

Date of marriage

Place of marriage

/	/
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Suburb/Town	State/Country
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DETAILS OF OTHER CHILDREN OF THIS RELATIONSHIP

Please enter in order of birth including stillborn and adopted children, if deceased enter 'd' next to the date of birth

Given names in full

Date of birth

Male / Female

Given names in full	Date of birth	Male / Female
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

DETAILS OF CHILDREN OF MOTHER NOT OF THIS RELATIONSHIP

Please enter in order of birth, if deceased enter 'd' next to the date of birth

I would like this information to appear on birth certificates yes no

Given names in full

Date of birth

Male / Female

Given names in full	Date of birth	Male / Female
	/ /	
	/ /	
	/ /	

DETAILS OF CHILDREN OF FATHER/PARENT NOT OF THIS RELATIONSHIP

Please enter in order of birth, if deceased enter 'd' next to the date of birth

I would like this information to appear on birth certificates yes no

Given names in full

Date of birth

Male / Female

Given names in full	Date of birth	Male / Female
	/ /	
	/ /	
	/ /	

DETAILS OF INFORMANT/PARENT COMPLETING THIS FORM

I certify that I have read this form thoroughly and that the information provided, is to the best of my knowledge and belief, true and correct for registration purposes. I understand that it is an offence to make a false or misleading statement in any application or document under the *Births, Deaths and Marriages Registration Act 1997*.

Surname

Given names in full

Occupation

Relationship to child

Day time contact telephone number

Current residential address

Suburb/Town
State/Country

Signature