



BIRTH REGISTRATION STATEMENT

Form 201 -BRS

Births Deaths and Marriages Registration Act 1997
Births Deaths and Marriages Registration Regulation 1998

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. 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. The completed form should be posted or delivered to the address below. The hospital or medical attendant should complete the birth details section of this form.

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. 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. 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.

PRIVACY INFORMATION

The *Births, Deaths and Marriages registration Act 1997* authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Documents provided as proof of identity may have their authenticity verified through Certificate Validation System (CVS) and the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using CVS and/or DVS.

CONTACT DETAILS

Send completed forms to the Office of Regulatory Services: GPO Box 158, Canberra ACT 2601
Lodge in person at the Office of Regulatory Services: 255 Canberra Avenue, Fyshwick ACT 2609
Office Hours: 9:00am to 4:30pm Monday to Friday
General enquiries telephone number: (02) 6207 0460
Website address: www.ors.act.gov.au

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please print clearly and use a blue or black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with a blue or black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.
- Traditional cultural naming practices are acceptable however legislation prevents non-English symbols from being entered into the register.
- It is not possible to register the birth of a child online.
- Inaccurate information may delay registration of the birth.
- A Parent is defined in the *Legislation Act 2001* as a mother, father or person who is presumed to be a parent under the *Parentage Act 2004*.

There is no fee to lodge a birth registration statement however a fee is applicable if you require a birth certificate. For information and forms to apply for a certificate please refer to the certificate order form included in this document or visit our website.

If you require further information or need advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

BIRTH CERTIFICATE ORDER FORM

Application Number

CERTIFICATE APPLICATION INFORMATION

- It is not compulsory to order a birth certificate at the time a child is registered.
- If you order a commemorative package you will also receive a standard birth certificate
- All certificates sent by mail attract a \$5.00 registered person to person postage fee. Please ensure you add this fee to your payment. This service ensures your certificate is protected during delivery and minimises the risk of the certificate being intercepted or stolen.
- For security purposes the example commemorative certificates below have been altered. Full examples may be viewed in our office.









DETAILS OF CHILD

Surname of Child	Given Name(s) of Child	Date of Birth of Child
		/ /

CERTIFICATE(S) ORDER

- Standard birth certificate \$37.00
 Commemorative certificate only \$37.00
 Commemorative package \$52.00
 Postage \$5.00

TYPES OF COMMEMORATIVE CERTIFICATES

							
<input type="checkbox"/> Canberra	<input type="checkbox"/> Capital	<input type="checkbox"/> Bluebell	<input type="checkbox"/> Year 2000	<input type="checkbox"/> Clowns	<input type="checkbox"/> Blue Bunny <input type="checkbox"/> Pink Bunny	<input type="checkbox"/> Bears	<input type="checkbox"/> Duck

DETAILS OF APPLICANT

Surname		Given Name(s)	
Current Residential Address			
Daytime Contact Telephone Number	E-mail Address	Signature of Applicant	
Reason Certificate is Required	Relationship to Child Named on Certificate		

POSTAGE DETAILS (All Certificates forwarded by mail attract a \$5.00 registered person to person postage fee)

Postal Address

PAYMENT DETAILS

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

PLEASE NOTE: Payments may be made by cheque, money order or credit card if lodged by post, or also by cash or EFTPOS if lodged in person. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.



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DEPARTMENT OF
JUSTICE & COMMUNITY SAFETY

Certificate applied for? (Office use only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number (Office use only)	
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DETAILS OF CHILD TO BE COMPLETED BY PARENTS (Any alterations must be initialled by all parties)

Surname	Given Name(s)

DETAILS OF CHILD TO BE COMPLETED BY HOSPITAL OR MEDICAL ATTENDANT

Date of Birth	Time of Birth	Sex of Child	If Multiple Birth (i.e. 1 of 2)	Weight
/ /	am/pm	<input type="checkbox"/> Female <input type="checkbox"/> Male	of	grams
Was Child Born Alive	Gestation if Not Alive	Place of Birth (name of hospital or address if other place)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	weeks			
Medical Practitioner, Registered Nurse or Midwife		Other Witnesses Present at the Birth		
Dr/Rn/Rm				

DETAILS OF MOTHER AT THE TIME OF BIRTH

Surname	Given Name(s)		
Former Surname if Any	Date of Birth	Occupation	
	/ /		
Place of Birth (suburb/town and state/country)	Residential Address at the Time of the Child's Birth		
Is the Mother of the Child of Aboriginal or Torres Strait Islander Origin?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander origin			
Day time contact telephone number		Signature	

DETAILS OF THE FATHER PARENT AT THE TIME OF BIRTH (Please indicate whether person is to be known as father or parent)

Surname	Given Name(s)		
Former Surname if Any	Date of Birth	Occupation	
	/ /		
Place of Birth (suburb/town and state/country)	Residential Address at the Time of the Child's Birth		
Is the Father/Parent of the Child of Aboriginal or Torres Strait Islander Origin?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander origin			
Daytime Contact Telephone Number		Signature	

DETAILS OF PARENT'S RELATIONSHIP (If applicable)

Are the Parents of the Child in a <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Married	
If in a Civil Partnership or Married please complete details below	
Date of Marriage/Endorsement	Place of Marriage/Endorsement
/ /	Suburb/Town State/Country

DETAILS OF OTHER CHILDREN OF THIS RELATIONSHIP (List in order of birth including stillborn and adopted children)

Given Names in Full	Date of Birth	Sex	Deceased	Stillborn
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>

DETAILS OF CHILDREN OF MOTHER NOT OF THIS RELATIONSHIP (List in order of birth including stillborn and adopted children)

Given Names in Full	Date of Birth	Sex	Deceased	Stillborn
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
Would you like this information to appear on the birth certificate?			<input type="checkbox"/> No <input type="checkbox"/> Yes	

DETAILS OF CHILDREN OF FATHER/PARENT NOT OF THIS RELATIONSHIP (List in order of birth including stillborn and adopted children)

Given Names in Full	Date of Birth	Sex	Deceased	Stillborn
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
	/ /	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>
Would you like this information to appear on the birth certificate?			<input type="checkbox"/> No <input type="checkbox"/> Yes	

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 a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under Section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in the declaration are true in every particular.

Full name	Occupation	
Full Residential Address		
Daytime Telephone Number	Relationship to Child	Signature