



APPLICATION TO NOTE RELATIONSHIP DETAILS

Form 203 - ANR

Births, Deaths and Marriages Registration Act 1997
Birth, Deaths and Marriages Registration Regulations 1998

IMPORTANT INFORMATION

This form may be used to include details of marriage, or the registration of a Civil Partnership of the parents of a child in the register of births, after a child's birth has been registered. If the marriage did not occur in the Australian Capital Territory the registered marriage certificate is required. Both parents must also provide 3 forms of identification.

No fee is payable to lodge an application to note marriage details, however if you wish to order a new birth certificate after the marriage details have been updated, you will need to complete an application for certificate form and a fee is payable. If you wish to change the child's name after the marriage details have been updated please complete an application to register a change of name for a child form.

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 INFORMATION

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.
- If lodging the application in person, you must supply original identification documents.
- If lodging the application by post, you must have all identification documents certified as true copies of the originals by a Justice of the Peace, Solicitor or Police Officer.
- If lodging the application by post, you must have all signatures witnessed by a Justice of the Peace, Solicitor or Police Officer.

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.



BIRTHS, DEATHS AND MARRIAGES
OFFICE OF REGULATORY SERVICES
Department of Justice and Community Safety

APPLICATION TO NOTE
RELATIONSHIP DETAILS



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DEPARTMENT OF
JUSTICE & COMMUNITY SAFETY

Registration Number
(Office use only)

Date received
(Office use only)

DETAILS OF CHILD AT THE TIME OF BIRTH

Surname		Given Name(s)
Date of Birth	Sex	Place of Birth of the Child
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	

DETAILS OF MARRIAGE ☐ DETAILS OF CIVIL PARTNERSHIP ☐

Date of Marriage or Endorsement	Place of Marriage or Endorsement
/ /	

MOTHERS DECLARATION

I, (full name) being a (occupation)

of (address)

make the following declaration under the *Statutory Declarations Act 1959*:

- I hereby apply to the Registrar-General to include details of the marriage / civil partnership described on this form on the birth registration of the my child as described on this form.

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 this declaration are true in every particular.

Signed (mothers signature) Declared at (place) on (date)

Before me, (signature of witness) Full Name of Witness

Qualification of Witness (Justice of the Peace, Solicitor, Police Officer or BDM Staff)

Address of Witness

FATHER'S ☐ PARENT'S ☐ DECLARATION (please indicate whether person is to be known as father or parent)

I, (full name) being a (occupation)

of (address)

make the following declaration under the *Statutory Declarations Act 1959*:

- I hereby apply to the Registrar-General to include details of the marriage / civil partnership described on this form on the birth registration of the my child as described on this form.

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 this declaration are true in every particular.

Signed (father's/parent's signature) Declared at (place) on (date)

Before me, (signature of witness) Full Name of Witness

Qualification of Witness (Justice of the Peace, Solicitor, Police Officer or BDM Staff)

Address of Witness