



BIRTHS, DEATHS AND MARRIAGES
OFFICE OF REGULATORY SERVICES
Department of Justice and Community Safety
**APPLICATION TO ALTER BIRTH REGISTER
TO RECORD CHANGE OF SEX**



Form 204 - ACS

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

IMPORTANT INFORMATION

This form may be used to apply to the Registrar-General for alteration of a person's sex in the registration of the persons 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;
- 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 a child's birth if the child's birth is registered in the ACT and the child has undergone sexual reassignment surgery. Once 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).

The fee to lodge an application to alter the birth register to record of change of sex is \$36.00. 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 \$36.00 and if the certificate is to be sent by mail, a further \$5.00 registered person-to-person postage fee applies.

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 all signatures must be 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.



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Registration Number (Office use only)		Date received (Office use only)	/	/
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DETAILS OF PERSON WHOSE BIRTH REGISTRATION IS TO BE ALTERED

Current Surname		Current Given Name(s)	
Surname at Time of Birth		Given Name(s) at Time of Birth	
Date of Birth	Sex at Time of Birth	Place of Birth	
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Current Residential Address			
			Postcode
Current Postal Address (if different)			
			Postcode

DETAILS OF PARENTS

Mother's Surname	Mothers Given Name(s)
Mother's Former Surname Name (if any)	Mother's Former Given Name(s) (if any)
Father's / Parent's Surname	Father's / Parent's Given Name(s)
Father's / Parent's Former Surname Name (if any)	Father's / Parent's Former Given Name(s) (if any)

MARRIAGE DETAILS

Were you ever Married?	If Married, How the Marriage was Terminated
<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF REASSIGNMENT SURGERY

Date Reassignment Surgery Performed	Sex Resulting from Surgery
/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female

DECLARATION BY APPLICANT/MOTHER/GUARDIANI, (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 alter the birth registration of the persons listed as the applicant on this form, to include details of sexually reassignment provided 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

DECLARATION BY FATHER/PARENT/GUARDIANI, (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 alter the birth registration of the persons listed as the applicant on this form, to include details of sexually reassignment provided 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

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.