



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

MEDICAL PRACTITIONER'S DECLARATION IN SUPPORT OF A CHANGE OF SEX



Form 205 - MPD

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

IMPORTANT INFORMATION

This form is to be completed by a medical practitioner in support of an application to alter a person's birth registration to record a change of sex. An application to record a change of sex on a person's birth registration must be supported by 2 completed medical practitioner's declaration in support of a change of sex.

Section 23 of the *Births, Deaths and Marriage Registration Act 1997* defines sexual reassignment as a surgical procedure involving alteration of a person's reproductive organs that is carried out-

- For the purposes of assisting a person to be considered to be a member of the opposite sex; or
- To correct or eliminate an ambiguity relating to the sex of a person.

There is no fee to lodge a medical practitioner's declaration in support of a change of sex, however a fee does apply for the lodgment of an application to alter the birth register to record a change of sex.

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		

DETAILS OF REASSIGNMENT SURGERY

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

DETAILS OF MEDICAL PRACTITIONER

Surname	Given Names
Telephone Number During Business Hours	Medical Registration Number
Current Postal Address	
	Postcode

DECLARATION BY MEDICAL PRACTITIONER

I, (full name) being a (occupation)		
of (address)		
make the following declaration under the <i>Statutory Declarations Act 1959</i> : <ul style="list-style-type: none">I hereby verify that the applicant named above has undergone sexual reassignment surgery as defined in section 23 of the <i>Births, Deaths and Marriages Registration Act 1997</i>, and that I have verified the applicant's identity from documents produced to me. 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 <i>Statutory Declarations Act 1959</i> , and I believe that the statements in this declaration are true in every particular.		
Signed (mother'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		