



ACT
Government

Justice and Community Safety

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

NOTIFICATION OF BIRTH NOT OCCURRING IN A HOSPITAL

Form 218 - NHB

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

IMPORTANT INFORMATION

This form may be used to notify the Registrar-General of a birth that did not take place in a hospital. All births occurring in the Australian Capital Territory must be notified to the Registrar-General. If the birth did not occur in a hospital the doctor or midwife responsible for the professional care of the mother is responsible for notifying the Registrar-General. Notification is required within 7 days of the birth in the case of a live birth, or 48 in the case of a still birth.

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 3000
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 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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Notification Number (Office use only)	
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Date received (Office use only)	/	/
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DETAILS OF CHILD				
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		Is the Child to be Adopted?
<input type="checkbox"/> Yes <input type="checkbox"/> No		weeks		<input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth				
Was the Child taken to a Hospital within 48 hours? If Yes, please provided the name of the Hospital				

DETAILS OF MOTHER AT THE TIME OF THE CHILDS BIRTH	
Surname	Given Name(s)
Place of birth (suburb/town and state/country)	Residential address at the time of the child's birth

DETAILS OF PERSON GIVING THIS NOTICE		
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 <i>Statutory Declarations Act 1959</i> , and I believe that the statements in the declaration are true in every particular.		
Full name	Given Name(s)	
Full Residential Address		
Daytime telephone number	Occupation	Signature