

## APPLICATION TO ALTER BIRTH REGISTER TO RECORD CHANGE OF SEX

Form 204 - ACS

*Births, Deaths and Marriages Registration Act 1997*  
*Births, Deaths and Marriages Registration Regulation 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 person's 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 received appropriate clinical treatment for the alteration, or is an intersex person.

This form may also be used by the parent(s) or person(s) with parental responsibility for 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;
- the child has received appropriate clinical treatment for the alteration, or is an intersex person; and
- the parent(s) or person(s) with parental responsibility believe on reasonable grounds that the alteration is in the child's best interests.

One parent may make application if only one parent is named in the child's birth registration or if the other parent is deceased, in which case a copy of the death certificate is required.

The application must also be accompanied by **Form 205 – MPD - Doctor or Psychologist Declaration in support of a change of Sex** to certify that the person has received appropriate clinical treatment for the alteration or is an intersex person.

A fee applies to lodge an application to alter the birth register to record of change of sex. An additional fee applies for a new birth certificate after the alteration is made; please complete an application for certificate form. For a list of fees for a certificate, please refer to the Office of Regulatory Services fee schedule. If delivery is required by mail, the certificate will attract an additional registered person-to-person postage fee.

### 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](http://www.ors.act.gov.au)

### INSTRUCTIONS FOR COMPLETION

- If completing this form by hand, please print clearly and use 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 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 person who is authorised under the *Statutory Declarations Act 1959* (C'wlth) (eg 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.
- A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50



**APPLICATION TO ALTER BIRTH REGISTER  
TO RECORD CHANGE OF SEX**

*Births, Deaths and Marriages Registration Act 1997  
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**Form 204 - ACS**

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

<b>Current Surname</b>	<b>Current Given Name(s)</b>
<b>Surname at Time of Birth</b>	<b>Given Name(s) at Time of Birth</b>
<b>Date of Birth</b> / /	<b>Place of Birth (where in the ACT)</b>
<b>Sex on Birth Certificate</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified/indeterminate/intersex <input type="checkbox"/> Unspecified <input type="checkbox"/> Indeterminate <input type="checkbox"/> Intersex	
<b>Current Residential Address</b>	
	Postcode
<b>Current Postal Address (if different)</b>	
	Postcode

**DETAILS OF PARENTS**

<b>Mother's Surname</b>	<b>Mother's Given Name(s)</b>
<b>Mother's Former Surname Name (if any)</b>	<b>Mother's Former Given Name(s) (if any)</b>
<b>Father's / Parent's Surname</b>	<b>Father's / Parent's Given Name(s)</b>
<b>Father's / Parent's Former Surname Name (if any)</b>	<b>Father's / Parent's Former Given Name(s) (if any)</b>

**DETAILS OF CLINICAL TREATMENT**

<b>Date treatment received</b> / / - / /	<b>Name of Doctor or psychologist providing appropriate clinical treatment (statutory declaration from them to be attached)</b>
<b>Sex identification after treatment</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified/indeterminate/intersex	

**Sex to be included on birth certificate and on other BDM certificates (please tick one box)**

- Male       Female       Unspecified/indeterminate/intersex  
 Unspecified       Indeterminate       Intersex

**DECLARATION BY APPLICANT/MOTHER/PERSON WITH PARENTAL RESPONSIBILITY**

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 alter the sex listed on the birth registration of the person listed as the applicant on this form.
- If the change of sex is for a child, I am the child's parent or have parental responsibility and believe that the alteration of the record of the child's sex is in the best interests of the child.
- 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 (applicant's/mother's/guardian's signature) Declared at (place) on (date)

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

**Qualification of Witness**  
 Must be authorised under the *Statutory Declarations Act 1959 (C'wlth)* (eg Justice of the Peace, Solicitor, Police Officer ) or BDM Staff

**Address of Witness**

**DECLARATION BY FATHER/PARENT/PERSON WITH PARENTAL RESPONSIBILITY**

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 alter the sex listed on the birth registration of the person listed as the applicant on this form.
- If the change of sex is for a child, I am the child's parent or have parental responsibility and believe that the alteration of the record of the child's sex is in the best interests of the child.
- 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/guardian's signature) Declared at (place) on (date)

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

**Qualification of Witness**  
 Must be authorised under the *Statutory Declarations Act 1959 (C'wlth)* (eg 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.**