

Form 3

# Change child's first names within a year of birth application

*Births, Deaths and Marriages Registration Act 2003*

Section 13

This form should be used to apply to change a child's first name or names or to add or remove a first name within a year of the child's birth.

Please read the guidelines and additional information attached before completing this application.

Please print clearly and **do not** use block letters or correction fluid.

Office use only

Registration number

Registration date

POS number

## 1. Applicant A's details (Name on current identification)

It is normally necessary for both parents to apply. Refer to the attached guidelines for more information

First names			Surname		
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian				
Current residential address (Street, suburb)				Postcode	
Postal address				Postcode	
Telephone Daytime number			After hours number		
Mobile number			Email		

## 2. Applicant B's details (Name on current identification)

It is normally necessary for both parents to apply. Refer to the attached guidelines for more information

First names			Surname		
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian				
Current residential address (Street, suburb)				Postcode	
Postal address				Postcode	
Telephone Daytime number			After hours number		
Mobile number			Email		

## 3. Only one parent applying

<p>If only one parent or guardian is applying state the reason why (eg only one parent on the birth certificate). Refer to section 3 of the attached guidelines for more information</p>	
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## 4. Child's details

Details must match the details on the child's birth certificate

First names			Surname		
Date of birth	DD / MM / YYYY				
Place of birth (Town/city, state and country)					

## 5. Child's proposed new first names (Print clearly and **do not** use block letters)

If your application is approved, these are the first names the child will use

First names					
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## 6. Parents' names at the time of the child's birth or adoption

Names must match the names on the child's birth or adoption certificate	
Mother's first names	
Mother's maiden surname	
Father's first names	
Father's surname	

## 7. Parents' or guardians' name change details

Refer to section 7 of the attached guidelines	
Have the parents' or guardians' names been changed before (outside of marriage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to section 8)
Other names used by parents' or guardians'	
First names	Surname
How you changed your name	
When you changed your name	DD / MM / YYYY
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
First names	Surname
How you changed your name	
When you changed your name	DD / MM / YYYY
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
For additional names provide the details on a statutory declaration	

## 8. Privacy statement

The collection of the information on this form is authorised by the *Births, Deaths and Marriages Registration Act 2003*. It is used for the purposes of the Act. Access to this information or to a certificate may be granted to any person who has adequate reason to obtain it, or who meets the requirements of the access policy. To obtain details about the access policy and rights of access to this information contact the registry on 1300 366 430. For general information about the registry visit [www.justice.qld.gov.au](http://www.justice.qld.gov.au).

## 9. Declarations

All applicants must sign this form			
We/I understand the information contained in this document. We/I understand that the new name stated will be used by the child for all purposes in the future and is not sought for fraudulent or improper purposes. We/I declare that all the information provided on this application is correct.			
Applicant A			
Signature of applicant		Signature of witness	
Date witnessed	DD / MM / YYYY	Name of witness	
Applicant B			
Signature of applicant		Signature of witness	
Date witnessed	DD / MM / YYYY	Name of witness	

## 10. Submission options

Post to	Registry of Births, Deaths and Marriages PO Box 15188 City East Qld 4002
Lodge at	110 George Street Brisbane 4000
For more information read the attached guidelines, visit <a href="http://www.justice.qld.gov.au">www.justice.qld.gov.au</a> or phone 1300 366 430.	