

Application to note a reassignment of sex in the birth register or the adopted children register

Births, Deaths and Marriages Registration Act 2003

Section 23

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

Receipt number

Registration date

Date received

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

If applying on behalf of a child (under 18yrs) both parents/guardians must apply. Refer to the attached guidelines for more information

Applicant A			
First names			
Surname			
Current residential address (Street, suburb)			Postcode
Postal address			
Telephone Daytime number	After hours number		
Mobile number	Email		
Relationship to person in section 3 (Refer to guidelines and additional information)	<input type="checkbox"/> Self (Go to section 2) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Parent		
Applicant B			
First names			
Surname			
Current residential address (Street, suburb)			Postcode
Postal address			
Telephone Daytime number	After hours number		
Mobile number	Email		
Relationship to person in section 3 (Refer to guidelines and additional information)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Parent		

2. Reassignment details

Application is made to note a reassignment of sex on the birth or adoption registration of the person in section 3

from (Sex at birth) Male Female to (Sex as reassigned) Male Female

3. Details of person whose sex has been reassigned

First names at present			
Surname at present			
First names at birth			
Surname at birth			
Date of birth	DD / MM / YYYY	Sex at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Place of birth (Town/city, state)			

4. Marriage details of person whose sex has been reassigned

Have you been married?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to section 5)
Date of marriage	DD / MM / YYYY
Place of marriage (Town/city, state or if overseas town/city, country)	
Date of termination of marriage	DD / MM / YYYY
How was the marriage terminated?	

5. Other names person has used

Have you used other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to section 6)
First names	
Surname	
First names	
Surname	

6. Parents' names at the time of birth or adoption

These must match the names on the birth certificate of the person named in section 3	
Mother's first names	
Mother's maiden surname	
Father's first names	
Father's surname	
Other names of parents (If changed since birth of the person named in section 3)	
Mother's first names	
Mother's surname	
Father's first names	
Father's surname	

7. Declaration (Must be signed by both parents or guardian if the application is on behalf of the child)

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	

8. Statutory declarations

Both declarations must be completed by a doctor and taken (witnessed) by one of the following people: a justice of the peace, a commissioner for declarations, a notary public under the law of the state, the Commonwealth or another state, a lawyer, a conveyancer or another person authorised to administer an oath under the law of the state, the Commonwealth or another Australian state. If the statutory declaration is signed outside of the Commonwealth of Australia, a notary public in the overseas country may witness the doctor's signature.

Declaration one

I (Full name of doctor)

of (Current residential address)

(Telephone daytime number)

am registered in (Country)

as a doctor and my Medicare Provider Number is (If applicable)

on (Date) DD / MM / YYYY

I examined or performed sexual reassignment surgery on

First names

Surname

whose identity I have confirmed from documents produced to me. I confirm this person has undergone sexual reassignment surgery as defined in Schedule 2 of the *Births, Deaths and Marriages Registration Act 2003* as 'a surgical procedure involving the alteration of a person's reproductive organs carried out:

- a) to help the person be considered to be a member of the opposite sex or
- b) to correct or eliminate ambiguities about the sex of the person.'

I confirm the change of sex of (Full name of person whose birth registration is being noted)

First names

Surname

from (Sex at birth) Male Female to (Sex as reassigned) Male Female

This is a confidential disclosure for the exclusive use of the Registry of Births, Deaths and Marriages.

I do solemnly and sincerely declare that the statements of fact contained in this statutory declaration are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

Signature of doctor

on (Date) DD / MM / YYYY at (Place, state)

Taken and declared before me (Name of person taking the declaration)

First names

Surname

Signature of witness

Qualifications of person on taking declaration

Current residential address (Street, suburb) Postcode

Telephone Daytime number JP/C.dec. number (If applicable)

Declaration two			
I (Full name of doctor)			
of (Current residential address)			
(Telephone daytime number)			
am registered in (Enter country)			
as a doctor and my Medicare Provider Number is (If applicable)			
on (Date)	DD / MM / YYYY		
I examined or performed sexual reassignment surgery on			
First names			
Surname			
whose identity I have confirmed from documents produced to me. I confirm this person has undergone sexual reassignment surgery as defined in Schedule 2 of the <i>Births, Deaths and Marriages Registration Act 2003</i> as 'a surgical procedure involving the alteration of a person's reproductive organs carried out:			
a) to help the person be considered to be a member of the opposite sex or			
b) to correct or eliminate ambiguities about the sex of the person.'			
I confirm the change of sex of (Full name of person whose birth registration is being noted)			
First names			
Surname			
from (Sex at birth)	<input type="checkbox"/> Male <input type="checkbox"/> Female	to (Sex as reassigned)	<input type="checkbox"/> Male <input type="checkbox"/> Female
This is a confidential disclosure for the exclusive use of the Registry of Births, Deaths and Marriages.			
I do solemnly and sincerely declare that the statements of fact contained in this statutory declaration are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1867</i> .			
Signature of doctor			
on (Date)	DD / MM / YYYY	at (Place, state)	
Taken and declared before me (Name of person taking the declaration)			
First names			
Surname			
Signature of witness			
Qualifications of person on taking declaration			
Current residential address (Street, suburb)			Postcode
Telephone daytime number	JP/C.dec. number (If applicable)		

9. Checklist

Your application must be accompanied by:

- three documents verifying the identify of each applicant (three documents per applicant – see attached for list of identity documents)
- a document verifying the applicants' relationship to the child, if the application is for a child. Refer to the attached guidelines for more information
- the application fee.

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 or visit www.justice.qld.gov.au or phone 1300 366 430, international callers +61 7 3247 5811.			

Proof of identity requirements

Before a certificate, information or source document is released, an applicant's entitlement to the document must be established and proof of identity produced in accordance with the Certificate Access Policy, Part 4 Proof of Identity Principles.

Applicants are required to provide:

- One form of identification from each list (at least one containing a signature); or
- If unable to provide identification from List 1, two forms of identification from List 2 and one form of identification from List 3 must be provided (at least one containing a signature).

Table 1: Proof of identity document

List 1	List 2	List 3
<input type="checkbox"/> Current Australian photo driver's licence <input type="checkbox"/> Current Australian passport <input type="checkbox"/> Current overseas passport <input type="checkbox"/> Current Australian Firearms licence <input type="checkbox"/> Current Defence Force or Police Service photo ID card <input type="checkbox"/> Over 18's ID card.	<input type="checkbox"/> Current Medicare card <input type="checkbox"/> Current financial institution debit or credit card with your signature and full name or passbook <input type="checkbox"/> Current entitlement card issued by the Commonwealth or State Government <input type="checkbox"/> Educational institution student identity document (must include photo and/or signature) or statement of enrolment <input type="checkbox"/> School or other educational report, less than twelve months old <input type="checkbox"/> Current document of identity issued by the Passport Office <input type="checkbox"/> Naturalisation, citizenship or immigration papers issued by the Department of Immigration and Multicultural and Indigenous Affairs <input type="checkbox"/> Full birth certificate <input type="checkbox"/> Security guard/crowd control licence.	<input type="checkbox"/> Recent utility account (gas, electricity, home phone, etc) with current residential address <input type="checkbox"/> Recent financial Institution statement with current residential address <input type="checkbox"/> Rent/lease agreement with current residential address <input type="checkbox"/> Rates notice with current residential address <input type="checkbox"/> A renewal notice for vehicle registration or driver licence for coming period with current residential address <input type="checkbox"/> Recent official correspondence from Government Service Providers (not from this agency).

Proof of Identity documents are to be in the English language otherwise these must be translated by an accredited translator. The official translation document is to accompany the original documents.

The Registrar-General's discretion in deciding acceptable proof of identity documents is not exhausted by the above lists. Decisions may be made by the Registrar-General on any unusual case that may fall outside the requirements of the above table.

As part of establishing Proof of Identity, copies of documents submitted to the Registry in support of an application must be certified as a true and correct copy by a qualified witness.

The following persons are considered to be qualified witnesses and are able to certify photocopies of documents as being "a correct copy of the document":

- Justice of the Peace
- Commissioner for Declarations
- Barrister/Solicitor
- Notary Public

Where applications are received at the Brisbane Registry, Magistrates Courts or Queensland Government Agent Program (QGAP) Offices, client service officers are able to sight original proof of identity documents submitted in support of an application.

Guidelines for an application to note a reassignment of sex in the birth register or the adopted children register

This application can only be used to note sexual reassignment surgery of a person whose birth or adoption has been registered in Queensland. The person must have undergone sexual reassignment surgery when applying to the Registrar-General.

The applicant must be 18 years or older. In the case of a child, the child's parents, or in certain circumstances one parent, or the child's guardian can apply.

The issue of a birth certificate showing that the sex at birth has been changed is restricted by legislation and only certain persons are entitled to obtain one.

How to complete this application

The application must be completed in full, signed and lodged with the registry with two completed statutory declarations by two doctors verifying that the applicant or child has undergone sexual reassignment surgery, identification, supporting documents and the statutory fee.

In certain cases the statutory declarations may be replaced by a recognition certificate. A recognition certificate means a certificate issued under the law of another state that identifies the person who is the subject of the certificate as having undergone sexual reassignment surgery and being the sex stated in the certificate.

This registry WILL NOT accept applications that have been faxed, emailed or contain correction fluid on the form. Each section number below refers to the corresponding section number on the application form.

Section 1. Applicant's details - Applicant A

Where the applicant is 18 years or older they are considered to be Applicant A.

If the application is for a child where both parents are recorded on the child's birth registration, the consent of BOTH parents is normally required to note a reassignment of sex; a single parent or guardian may make an application under the following circumstances:

- if a father's particulars are not shown on the birth certificate/registration, then only the mother's consent is required
- the other parent is deceased, whereabouts are unknown, refuses to sign or another justifiable reason (Provide a signed statutory declaration)
- approval from a magistrates court has been given. (Provide the court order).

All registry correspondence and certificates will be sent to the postal address in section 1 of the application form.

If a guardian is making application, legal evidence of guardianship must be provided. If the document states more than one guardian each guardian must sign the form.

Please provide as many contact details as possible so that the registry may contact you. On the application indicate the address where the child ordinarily resides.

Section 1. Applicant's details - Applicant B

Where both parents are recorded on the child's birth registration or two individuals have been granted guardianship and both parents/guardians are consenting to the noting of the child's reassignment of sex, please complete this section with the details of the other parent/guardian.

In some cases the registry may need to contact each applicant separately. Please provide as many contact details as possible.

Section 2. Reassignment details

This section is a declaration made by the applicant that an application is made to note a reassignment of sex on the birth or adoption registration from the sex as registered at birth to the sex as assigned by sexual reassignment surgery.

Section 3. Details of person whose sex has been reassigned

Information given in section 3 must show the persons name at present and details at birth must match the birth or adoption certificate/registration. A new birth certificate will not include a statement indicating that the sex has been changed. It will however mention that the birth has been re-registered.

Section 4. Marriage details of person whose sex has been reassigned

If the person has been married, then evidence that the marriage has been terminated must be provided (e.g. divorce document or death certificate).

Section 5. Other names person has used

If you have changed your name or changed your child's name as part of the reassignment process, the change can also be noted on the birth or adoption registration. Evidence of other names used must be provided (e.g. marriage certificate, deed poll, change of name certificate/s).

If you have not changed your name or your child's name, and now wish to do so, please contact the registry for further information. These are separate processes for which additional fees are payable.

Section 6. Parents' names at the time of birth or adoption

The details provided in this section must match the names on the birth registration of the person named in section 3.

Section 7. Declaration

Your signature/s must be witnessed by an adult witness 18 years or over. Please ensure your signature on the application matches the signature on your current identification.

Section 8. Statutory declarations (Declaration one/two)

Both declarations must be completed by a doctor and their signature witnessed by a justice of the peace, commissioner for declarations, a notary public under the law of the state, the commonwealth or another state, a lawyer, a conveyance or another person authorised to administer an oath under the law of the state, the commonwealth or another Australian state. If the statutory declaration is signed outside of the Commonwealth of Australia, a notary public in the overseas country may witness the doctor's signature.

Proof of identity requirements

Before a certificate, information or source document is released, an applicant's entitlement to the document must be established and proof of identity produced in accordance with the Certificate Access Policy, Part 4 Proof of Identity Principles.

Applicants are required to provide:

- One form of identification from each list (at least one containing a signature); or
- If unable to provide identification from List 1, two forms of identification from List 2 and one form of identification from List 3 must be provided (at least one containing a signature).

Table 1 : Proof of identity documents

List 1	List 2	List 3
<ul style="list-style-type: none"> • Current Australian photo drivers licence • Current Australian passport • Current overseas passport, with current entry permit • Current Australian Firearms licence • Current Defence Force or Police Service photo ID card • Over 18's ID card. 	<ul style="list-style-type: none"> • Current Medicare card • Current financial institution debit or credit card with your signature and full name or passbook • Current entitlement card issued by the Commonwealth or State Government • Educational institution student identity document (must include photo and/or signature) or statement of enrolment • School or other educational report, less than twelve months old • Current document of identity issued by the Passport Office • Naturalisation, citizenship or immigration papers issued by the Department of Immigration and Multicultural and Indigenous Affairs • Full birth certificate • Security guard/crowd control licence. 	<ul style="list-style-type: none"> • Recent utility account (gas, electricity, home phone, etc) with current residential address • Recent financial Institution statement with current residential address • Rent/lease agreement with current residential address • Rates notice with current residential address • A renewal notice for vehicle registration or driver licence for coming period with current residential address • Recent official correspondence from Government Service Providers (not from this agency).

Other forms of identification may be accepted, subject to the opinion of the Registrar-General.

*Qualified witnesses

The following people can certify photocopies of documents as being 'a correct copy of the document':

- justice of the peace
- barrister/solicitor
- commissioner for declarations
- notary public.

Section 9. Checklist

Checklist to assist you in completing the application

- I have read the instructions carefully.
- I have completed the application.
- I have included copies of the required forms of identification and other documents with my application.
- All copies of my identification have been certified as being 'a correct copy' by a qualified witness*.
- My signature on the application form has been witnessed.
- Two doctors have completed the two supporting statutory declarations or
- I have included a recognition certificate stating that the person who is the subject of this application has undergone sexual reassignment surgery and is a person of the sex stated on the certificate.
- I have enclosed payment.

For more information

- telephone 1300 366 430,
international callers +61 7 3035 1000
- email bdm-mail@justice.qld.gov.au (applications and supporting documentation cannot be emailed) or visit www.justice.qld.gov.au.
- write to:
Registry of Births, Deaths and Marriages
PO Box 15188,
CITY EAST, QLD, 4002
- visit the Registry of Births, Deaths and Marriages at
110 George Street,
Brisbane, Queensland.