

**NHB**

Form 218

**ACT GOVERNMENT***Births, Deaths and Marriages Registration Act 1997***Registrar-General's Office****NOTIFICATION OF BIRTH NOT OCCURRING IN A HOSPITAL****PRIVACY COLLECTION STATEMENT (PRIVACY ACT 1988 (C'WLTH))****PRIVACY NOTES**

The *Births, Deaths and Marriages Registration Act 1997* authorises the Registrar-General to collect the information required by this form for the establishment and maintenance of registers and in processing your application. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988 (C'wlth)*. However, the Registrar-General provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

**WHO IS RESPONSIBLE FOR NOTIFICATION**

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 hours in the case of a stillbirth.

**GENERAL INFORMATION**

This form may be used to notify the Registrar-General of a birth that did not take place in a hospital.

**CONTACT DETAILS**

The Registrar-General's Office is located in Allara House, corner of Allara Street and Constitution Avenue, Canberra City. Our postal address is PO Box 225, Civic Square ACT 2608. Our office hours are 8:30am to 4:30pm Monday to Friday. You may also download forms and information from our website at [www.rgo.act.gov.au](http://www.rgo.act.gov.au) or contact this office on (02) 6207 0460.

**Telephone Interpreter Services**

If English is not your first language, and you need help with this form, please telephone 131 450 for assistance 24 hours a day.

ENGLISH	If you need interpreting help, telephone:
ARABIC	إذا احتجت لمساعدة في الترجمة الشفوية، إتصل برقم الهاتف:
CHINESE	如果你需要传译员的帮助，请打电话:
CROATIAN	Ako trebate pomoć tumača telefonirajte:
GREEK	Αν χρειάζεστε διερμηνέα τηλεφωνήστε στο
ITALIAN	Se avete bisogno di un interprete, telefonate al numero:
MALTESE	Jekk għandek bżonn l-għajjnuna t'interpretu, ċempel:
PERSIAN	اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید:
PORTUGUESE	Se você precisar da ajuda de um intérprete, telefone:
SERBIAN	Ako vam je potrebna pomoć prevodioca telefoniрајте:
SPANISH	Si necesita la asistencia de un intérprete, llame al:
TURKISH	Tercümana ihtiyacınız varsa lütfen telefon ediniz:
VIETNAMESE	Nếu bạn cần một người thông-ngôn hãy gọi điện-thoại:

**TRANSLATING AND INTERPRETING SERVICE****131 450**

Canberra and District - 24 hours a day, seven days a week

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Notification No

**ACT GOVERNMENT***Births, Deaths and Marriages Registration Act 1997***Registrar-General's Office****NOTIFICATION OF BIRTH NOT OCCURRING IN A HOSPITAL****DETAILS OF CHILD**

Date of birth

 /  / 

Sex

If multiple birth (ie 1 of 2)

 of 

Weight

 grams

Was child born alive?

Gestation if not alive

 weeks

Is the child to be adopted?

Place of birth

Was the child taken to a hospital within 24 hours of birth? If so the name of the hospital

**DETAILS OF MOTHER**

Surname

Given Names

Residential address

Name of the doctor or midwife responsible for the professional care of the mother at the 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 it is an offence to make a false or misleading statement in any application or document under the *Births, Deaths and Marriages Registration Act 1997*.

Surname

Given names in full

Occupation

Daytime contact telephone number

Current residential address

Suburb/Town

State/Country

Signature