



ACT GOVERNMENT

Births, Deaths and Marriages Registration Act 1997 Registrar-General's Office

APPLICATION TO DECLARE PARENTAGE

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 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 the legal authority to request information under prescribed circumstances.

GENERAL INFORMATION

This form can be used to include details of a parent in the register of births, after a child's birth has been registered. Parent of a child means the child's mother, father or someone else who is presumed to be a parent under the Parentage Act 2004. Both parents must provide 3 forms of identification upon application.

FEES CURRENT TO 30 JUNE 2007

There is no fee to lodge an application to declare parentage, however a fee does apply if a new birth certificate is required after the birth register is updated. If you wish to apply for a new birth certificate after the birth register is updated please complete an application for certificate form.

CONTACT DETAILS

The Registrar-General's Office is located at 255 Canberra Avenue, Fyshwick ACT 2609. 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 or contact this office on (02) 6207 0460.

WITNESSES TO SIGNATURES AND CERTIFIED COPIES OF DOCUMENTS

If you are lodging this application in person you must supply original identification documents. If sending your application by post you must have the identification documents certified as true copies of the original documents by a Justice of the Peace, Solicitor or Police Officer. If you are lodging this application in person all signatures may be witnessed by Births, Deaths and Marriages staff within the Registrar-General's Office. If you are sending your application by post all signatures must be witnessed by a Justice of the Peace, Solicitor or Police Officer.

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: إذا احتجت لمساعدة في الترجعة الشفوية ، إتصل برقم الهاتف: ARABIC 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 τηλεφωνήσετε στο ITALIAN Se avete bisogno di un interprete, telefonate al numero: MALTESE Jekk ghandek bżonn I-ghajnuna t'interpretu, cempel: PERSIAN اگر به ترجمه شفاهی احتیاج دارید به این شماره تلفن کنید: PORTUGUESE Se você precisar da ajuda de um intérprete, telefone: SERBIAN Ако вам је потребна помоћ преводиоца телефонирајте: 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





Registration No		

Births, Deaths and Marriages Registration Act 1997 Registrar-General's Office

APPLICATION TO DECLARE PARENTAGE

PART A – DETAILS OF CHILD AT TIME OF	BIRTH			
Surname	Given names			
Date of birth	Place of birth			
PART B _ MOTHER _ PARENT _ DECLA	RATION			
I, (full name)	being a (occupation)			
(address) Posto				
hereby apply to the Registrar-General to include the parentage detai registration of the child named in part A of this form, and solemnly a are true and correct by virtue of the <i>Statutory Declarations Act 1959</i> false statements. Declared at (suburb/town)	and sincerely declare that the statements made in this application			
Mother/Parent signature	Dated on			
Before me (signature of witness)	Qualification of witness (JP, Solicitor, Police Officer or BDM Staff)			
Telephone contact of witness	Full name of witness			
Address of witness				
Address of witness				
PART C – FATHER PARENT DECLARATION				
I, (full name)	being a (occupation)			
Of (address)	Postcode			
hereby apply to the Registrar-General to include my details as the father/parent of the child described in part A of this form, and				
solemnly and sincerely declare that the statements made in this app Declarations Act 1959 and are subject to penalties provided by that A				
Date of birth Place of birth	Occupation at time of child's birth			
Declared at (suburb/town)	State/Territory			
Father/Parent signature	Dated on			
Before me (signature of witness)	Qualification of witness (JP, Solicitor, Police Officer or BDM Staff)			
Telephone contact of witness	Full name of witness			
Address of witness				