

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 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.

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*

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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

Signature

Suburb/Town

State/Country