

BIRTHS, DEATHS AND MARRIAGES OFFICE OF REGULATORY SERVICES Department of Justice and Community Safety

Department of Justice and Community Safety

APPLICATION FOR CERTIFICATE

Form 208 - APP

Civil Partnerships Act 2008 Births, Deaths and Marriages Registration Act 1997 Birth, Deaths and Marriages Registration Regulations 1998



IMPORTANT INFORMATION

This form can be used to apply for a birth, death, marriage, civil partnership, or change of name certificate for events that have occurred and are registered in the Australian Capital Territory only. Single status and parentage searches can also be applied for by using this form. If you are unable to comply with the stated requirements, you will need to contact this office for further assistance.

If you are not applying in person at our office the certificate will be sent to you by registered person-to-person post. As a result you will need to produce appropriate identification at the post office in order to collect the certificate. Without that identification Australia Post will not allow you to collect the certificate.

For applications received through the post, we commit to fulfilling your request for a certificate within three working days of receiving your application providing we have enough information and evidence to establish your entitlement to the certificate. If your application does not meet our proof of identity requirements we may need you to reapply and provide additional identification and/or more information either by post or by attending our office.

FEES CURRENT TO 30 JUNE 2010

The fee for a standard certificate is \$37.00. The commemorative package fee (which includes a standard certificate and a commemorative certificate) is \$52.00 If delivered by mail the certificate will attract a \$5.00 registered person-to-person postage fee. If the certificate is to be sent overseas, a \$17.00 international registered post fee will apply.

Payment can be made by cash, credit card, EFTPOS, money order or cheque. All cheques should be made payable to the Office of Regulatory Services. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.

PRIVACY INFORMATION

The *Births, Deaths and Marriages registration Act 1997* authorises the Registrar-General to collect the information required by this form. The Registrar-General prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Registrar-General may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances. Documents provided as proof of identity may have their authenticity verified through Certificate Validation System (CVS) and the National Document Verification System (DVS). Documents issued by this office may also be verified by external agencies using CVS and/or DVS.

Once a person attains 18 years of age, the person's parents are unable to access the register without the persons consent. Further information and a copy of our access policy can be found on our website: www.ors.act.gov.au.

CONTACT INFORMATION

Send completed forms to the Office of Regulatory Services: GPO Box 158, Canberra ACT 2601

Lodge in person at the Office of Regulatory Services: 255 Canberra Avenue, Fyshwick ACT 2609 **Office Hours:** 9:00am to 4:30pm Monday to Friday

General enquiries telephone number: (02) 6207 0460
Website address: www.ors.act.gov.au

INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please use a blue or black pen only.
- This office will not accept lodgement of this form if it is not completed in full.
- Any alteration to information provided on this form must be struck through with a blue or black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.

If you require further information or need advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



Processing Officer

(Office use only)

BIRTHS, DEATHS AND MARRIAGES OFFICE OF REGULATORY SERVICES Department of Justice and Community Safety

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	OFFICE OF REGULATORY SERVICES
DEPARTMENT OF JUSTICE & COMMUNITY SAFETY	

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Civil Partnerships Act 2008 Births, Deaths and Marriages Registration Act 1997 Birth, Deaths and Marriages Registration Regulations 1998

Application Number

(Office use only)

DETAILS OF APPLICANT (Person completing form)									
Surname									
Current Residential Address	•								
Daytime Contact Number	E-mail Address	Signature of Applicant							
Reason Certificate is Required	Relationship to Person Named on Certificate								
POSTAGE DETAILS (All Certificates forwarded by mail attract a \$5.00 registered person to person postage fee)									
Postal Address (If different from residential address)									
PROOF OF IDENTITY REQUIREMENTS									
	ed as true copies of the originals by a Solicitor, Pol	ice Officer. or Justice of the Peace.							
If you are applying for a birth, death, marriage, change of name certificate, civil partnership certificate, single status or parentage search, there are particular identification requirements necessary for you to either apply for own certificate or the certificate of another person.									
Your own certificate	You will require 3 forms of identification as descr	ibed in table A. (see below)							
A certificate for your child who is <u>under</u> 18	You will require 3 forms of identification as descr	ibed in table A. (see below)							
A certificate for your child who is <u>over</u> 18	The Privacy Commissioner has advised that a parent does not have an automatic right of access to their child's birth certificate, once the child has turned 18. As a result, the Registrar-General will only provide access where the child consents in writing. You will require 3 forms of identification as described in table A. (below) for you as the applicant, 3 forms of identification as described in table A. (below) for the child whose behalf you are requesting the certificate, and a letter from the child giving consent that you may apply for the certificate on their behalf.								
☐ A certificate for another person	You will require 3 forms of identification as described in table A. (below) for you as the applicant, 3 forms of identification as described in table A. (below) for the person named on the certificate, and a signed letter from the person named on the certificate giving you consent that you may apply for the certificate on their behalf.								
A certificate for another person where there is a legal need – solicitor, under power of attorney, welfare group, legal guardian.	You will require 3 forms of identification as described in table A. (see below) for you as the applicant and evidence of your authority to obtain the certificate which may include the following; Registered Power of Attorney, Court Order or Guardianship Order. For further information please contact the office on (02) 6207 0460.								
TABLE A – IDENTIFICATION REQUIRED TO BE PROVIDED UPON APPLICATION									
		be from list 1 and 2 other forms of							
3 forms of current identification must be provided upon application. At least 1 form must be from list 1 and 2 other forms of identification from list 2. In cases where a person is unable to provide enough forms of identification please contact this office.									
List 1	List 2								
Australian Drivers Licence	Medicare Card	Security Guard Licence							
Australian Passport	Credit Card or Account Card	Tertiary Education Institution Identification							
Firearms Licence	Centrelink Card	Department of Veterans Affairs Card							
Proof of Age Card									

BIRTH CERTIFICATE APPLICAT	ION															
Standard Birth certificate	Commemorative Birth certificate Commemorative Birth packag						age									
Canberra Capital						D	uck									
Surname at Time of Birth					Giv	en Na	ame(s)	at Ti	me of	Birth						
Date of Birth	Place of B	irth														
/ /																
Mothers Full Former Name (If	any)				Fat	ther/P	Parents	s Full	Name	!						
DEATH CERTIFICATE APPLICA	TION															
Surname of Deceased	HUN				Giv	on Na	ame(s)									
Jumanie of Deceased					OI.	/CII 140	arric(3)									
Date of Death	Place of D	eath in t	he ACT													
/ /																
Mothers Full Former Name (If	any)				Fat	ther/P	Parents	s Full	Name	ļ						
MARRIAGE CERTIFICATE (commemorati	ve certificat	e available)			CIVIL F	PARTN	ERSH	IP CEF	RTIFIC	ATE					
Standard Marriage certific	ate	Со	mmemora	itive N	1arria _{	ge cer	tificate	9		Cc	mme	morat	ive Ma	ırriage	e pack	kage
(Commemorative certificates are curren	itly not availab	e for civil pa	artnerships).													
Surname of Groom/Partner 1 Given Name(s) of G			f Groo	om/Pa	artner :	1					Date	of Bir	th			
														/	/	
Surname of Bride/Partner 2	Given Name(s) of Bride/Partner 2						Date	of Bir	th							
•										_						
Data of Manusia and Fred annual and	rsement Place of Marriage/Endorsement															
Date of Marriage/Endorseme	nt Place	of iviarri	age/Endoi	rseme	nτ											
/ /																
CHANGE OF NAME CERTIF	ICATE		☐ PAR	ENTA	GE SE/	ARCH	CERTIF	FICAT	E			SII	NGLE S	TATU	S SEA	RCH
Surname at Time of Birth			Giv	en Na	ame(s)	at Ti	me of	Birth								
Current Surname (If different)					Cui	rrent	Given	Name	2(s) (ıf ı	differen	n+)					
Carrott Garnanie (II amerent)			Jun	Current Given Name(s) (If different)												
Date of Birth	Place of B	irth														
/ /																
DAVAGENT DETAILS																
PAYMENT DETAILS																
☐ Visa ☐ Mastercard Expiry Date			/	<u></u> _		Amo	unt	\$								
Cardholder Name						holdei	r							_		
					Signa	ture										
Card Number																
PLEASE NOTE: Payments may be	made by ch	eque, mo	ney order o	r credi	t card	if lodg	ed by p	ost, o	r also	by cas	h or EF	TPOS	if lodge	d in p	erson.	i

Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.