

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

APPLICATION TO REGISTER A CHANGE A NAME OF A CHILD

Births Deaths and Marriages Registration Act 1997 Form 207 - CNC Births Deaths and Marriages Registration Regulation 1998



GENERAL INFORMATION

This form can only be used to register a change of name for a child whose birth is registered in the ACT, or who is currently a resident of the ACT and has been for more than 3 months. If the child was born overseas they must be an Australian citizen or permanent Australian resident.

The Registrar-General will not register a change of name unless satisfied of the identity and age of the person whose name is to be changed and that the change is not sought for a fraudulent or other improper purpose.

If the application to register a change of name is approved, an entry will be created in the change of name register. If the child was born in the ACT, the new name will also be noted on their birth registration and will appear on all birth certificates issued after registration of the change of name. If the child was born in another State or Territory within Australia, the Registrar-General of that jurisdiction will be notified of the change of name and it may appear on birth certificates subsequently issued by that jurisdiction.

PARENTAL CONSENT AND CONSENT FROM A CHILD OVER 14 YEARS OF AGE

If the child's birth registration includes details of two parents, both parents must apply and consent to the registration of the change of name. One parent may apply if they are the only parent on the child's birth registration or if one parent is deceased, in which case a death certificate is required. If either parent cannot be found or refuses to consent to the application to change the child's name, a Supreme Court order approving the proposed change is required. If the child has attained the age of 14 years, the child must also consent to the application to change their name.

REFERRAL TO THE AUSTRALIAN FEDERAL POLICE (AFP) AND OTHER AGENCIES AND CONSENT TO RELEASE INFORMATION

This form and any evidence produced in support of this application may be directed to the AFP to assist the Registrar-General in assessing your application. This form may also be directed to agencies including (but not limited to) other Birth, Death and Marriage Registries, the Passports Office, Department of Immigration and Citizenship, and Motor Vehicle Registries. Usually these referrals are simply to verify the evidence that you have provided in making your application. If there are discrepancies, we may require you to correct any errors with the issuing agency prior to being able to register the change of name application. It is extremely important that all identity documents are accurate and reflect the correct identity information.

In all cases it is necessary for you to consent for the Registrar-General to require the AFP or other agencies to release information available to them that may assist the Registrar-General in making his/her decision. As a result, as you complete this form it is assumed that you are consenting to the release of information by these agencies in support of your application.

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.

REASONS YOUR APPLICATION MAY BE REJECTED

The Registrar-General may refuse to register your change of name application if you;

- Have previously offended;
- Have significant association with an offender;
- Are unable to produce the required proof of identity
- Have failed to advise of previous changes of name in the ACT or other jurisdiction;
- Are currently involved in an investigation;

- Have outstanding debts;
- Desired name is a prohibited name;
- A registered change of name has been performed in the last 12 months;
- Have failed to prove ACT residency for 3 or more months.

If you are able to demonstrate that the information used by the Registrar General as part of the decision making process has been superseded, then the change of name application can be reviewed.

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.

PROOF OF IDENTITY, RESIDENCY AND OTHER DOCUMENTATION REQUIRED

Upon application you will need to provide sufficient evidence to allow the Registrar-General to be satisfied of your identity.

- You must provide your child's original birth certificate.
- If born overseas, we will require a current Australian Passport, Australian Citizenship Certificate or entry visa. The entry visa must demonstrate that the applicant is a permanent Australian resident, applications will not be registered for temporary visa holders. If you are unable to provide any of these documents however you are a permanent resident of Australia, you should provide a Certificate of Evidence of Resident Status, available from the Department of Immigration and Citizenship.
- If the child is not born in the ACT, we require 3 forms of evidence, from you as the parent, proving residency in the ACT. All evidence of residency must exceed 3 months but not be older than 6 months.
- If you have previously changed your name through marriage, by registered deed poll or by registered change of name, we require evidence of those changes of name.
- Each parent must provide 3 forms of current identification upon application. At least 1 form from each parent 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					

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: Website address:

(02) 6207 0460 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 are lodging this application in person you must supply original documentation.
- If you are lodging this application in person, staff of Births Deaths and Marriages if within the office may witness signatures.
- If sending your application by post you must have documents certified as true copies of the originals by a Justice of the Peace, Solicitor or Police Officer.
- If sending your application by post a Justice of the Peace, Solicitor or Police Officer must witness all signatures.

FEES CURRENT UNTIL 30 JUNE 2010

The fee to lodge an application to change a name is \$92.00. This fee is non-refundable regardless of whether your application is registered. Upon registration a further \$37.00 fee is payable to obtain the certificate of change of name or an updated birth certificate. If the certificate is to be sent by post a \$5.00 registered person to person postage fee applies, or \$17.00 if it is sent by international registered post. Payment may be made by cash, credit card, EFTPOS, money order or cheque. All cheques and money orders should be made payable to the Registrar-General. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.

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.



BIRTHS, DEATHS AND MARRIAGES OFFICE OF REGULATORY SERVICES

Department of Justice and Community Safety

APPLICATION TO REGISTER A CHANGE OF NAME FOR A CHILD

Form 207 - CNC

Births Deaths and Marriages Registration Act 1997 Births Deaths and Marriages Registration Regulation 1998

	OFFICE OF REGULATORY SERVICES
DEPARTMENT OF JUSTICE & COMMUNITY SAFETY	

Registration Number (Office use only)			Applicants Contact Number				
DETAILS OF CHILD AT THE TIME OF THEIR BIRTH							
Surname at Time of Birth			Given N	lame(s) a	at Time of Birt	th	
Date of Birth	Place of Birth						Sex
1 1							☐ Female ☐ Male
CURRENT DETAILS OF CHILD (The name the child currently use)							
Current Surname			Current	Given N	ame(s)		
DESIRED NAME (The name	you would like the child to be kno	own as after the change of r	name has b	een register	ed)		
Surname			Given N	lame(s)			
DETAILS OF APPLICANTS MOTHER							
Surname			Given Names				
Former Names if Any			Date of	Birth	Place of Birt	th	
			/	/			
DETAILS OF APPLICANTS	FATHER PARENT						
Surname			Given Names				
Former Names if Any			Date of	Birth	Place of Birth		
			/	/			
ANY PREVIOUS CHANGES OF NAME (Includes Deed Poll, Registered Change of name or names known by use, repute)							
Old Name		New Name					
Place of Change		Method of Change (ie, Deed poll)			Date of Change		
						/ /	
CONSENT OF THE CHILD IF 14 YEARS OF AGE OR OLDER							
I consent to my name being changed to the new name that has been stated above							
Signature of Child		Signature of Witness (Solicitor, JP, Police Officer or BDM staff)					

DECLARATION BY MOT	HER					
I, (full name)			being a (occupation)			
of (address)	of (address)					
hereby apply to the Re	gistrar-General fo	or registration of a chang	ge of name to:			
New Full Name						
I acknowledge and declare that I have read the general information document provided with this form and the information I have provided on this form relates to myself and my child, and is correct. I understand that the Registrar-General may provide this form and any evidence in support of this application to the Australian Federal Police (AFP) or agencies including, but not limited to, other Birth, Death and Marriage Registries, the Passports Office, the Department of Immigration and Citizenship, and Motor Vehicle Registries. I also give my consent for these agencies to release any relevant information to the Registrar-General that he/she may require in order to be satisfied that this application is not being sought for fraudulent or improper purposes.						
Signed (applicants signature	(د		Declared at (place)		on (date)	
Before me, (signature of w	ritness)		Full Name of Witnes	ss		
Qualification of Witne	SS (Justice of the Peace	, Solicitor, Police Officer or BDM	Staff)			
Address of Witness						
DECLARATION BY FATH	HER PARENT [
l, (full name)			being a (occupation)			
of (address)	of (address)					
hereby apply to the Re	gistrar-General fo	or registration of a chang	ge of name to:			
New full name						
I acknowledge and declare that I have read the general information document provided with this form and the information I have provided on this form relates to myself and my child, and is correct. I understand that the Registrar-General may provide this form and any evidence in support of this application to the Australian Federal Police (AFP) or agencies including, but not limited to, other Birth, Death and Marriage Registries, the Passports Office, the Department of Immigration and Citizenship, and Motor Vehicle Registries. I also give my consent for these agencies to release any relevant information to the Registrar-General that he/she may require in order to be satisfied that this application is not being sought for fraudulent or improper purposes.						
Signed (applicants signature) Declared at (place) on (date)						
Before me, (signature of witness) Full Name of Witness						
Qualification of Witness (Justice of the Peace, Solicitor, Police Officer or BDM Staff)						
Address of Witness						
PAYMENT DETAILS						
☐ Visa ☐	Mastercard	Expiry Date	1	Amount	\$	
Cardholder Name			Cardholder Signature			
Card Number						
PLEASE NOTE: Payments may be made by cheque, money order or credit card if lodged by post, or also by cash or EFTPOS if lodged in person. Applications paid by personal cheque will be held for 7-10 working days for the cheque to clear.						