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

# APPLICATION TO CORRECT A REGISTER

**Form 209 - ACR** 

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

## **GENERAL INFORMATION**

This form can be used to correct information kept in a register by the Registrar-General. This form may not be used to change the name of a child. An application to register a change of name for a child form must be completed and lodged for this purpose. If the correction relates to a birth registration for a child, both parents named on the certificate must sign and provide identification. If one parent is deceased, a copy of the death certificate is required. If the correction relates to a death registration, an immediate family member or the person who provided the information at time of registration must sign and provide identification. Please note that causes of death can only be changed by the medical practitioner who supplied the original information or by the coroner's office in the case of a coronial. If the correction relates to a marriage registration either party may apply to correct information relating to their details, however both parties must sign and provide identification. If one party is deceased a death certificate is required. In each circumstance, evidence of the correct information is required.

#### 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 Verification System (CVS) and the Document Verification System (DVS). Documents produced by this office may also be verified by external agencies using CVS and/or DVS.

#### **FEES**

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

### **CONTACT INFORMATION**

Send completed forms to the Office of Regulatory Services:GPO Box 158, Canberra ACT 2601Lodge in person at the Office of Regulatory Services:255 Canberra Avenue, Fyshwick ACT 2609Office Hours:9:00am to 4:30pm Monday to Friday

**General enquiries telephone number:** (02) 6207 3000 **Website address:** www.ors.act.gov.au

#### INSTRUCTIONS FOR COMPLETION

- If completing this form by hand please use 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 black pen and substitute information must be clear and all parties must sign in the margin. Do not use white out.

# WITNESSES TO SIGNATURES AND CERTIFIED COPIES OF DOCUMENTS

If you are lodging this application in person you must supply original identification documentation. 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.



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	Registration No
L	

PART A – DETAILS OF APPLICANT	
Surname	Given names
Current residential address	Postal address if different from residential
Current residential address	Postal address il dillerent noni residential
Postcode	Postcode
Telephone number during business hours	E-mail address
PART B – DETAILS OF CORRECTION	
EXISTING DETAILS TO BE CHANGED IN THE REGISTER OF	- BIRTHS DEATHS OR MARRIAGES
EXISTING DETAILS TO BE STANGED IN THE RESISTER OF	DIKTIS DEKTIS OK WIKKINGES
CORRECT DETAILS TO REPLACE EXISTING INFORMATION	

PART C – PARTY 1 DECLARATION					
I,	being a (occupation)				
of (address)		Postcode			
hereby apply to the Registrar-General to correct the information as described above and solemnly and sincerely declare that the statements made in this application are true and correct by virtue of the <i>Statutory Declarations Act</i> 1959 and are subject to penalties provided by that Act for making false statements.					
Declared at (suburb/town)	State/Territory				
Applicant's signature					
Before me (signature of witness)	Qualification of witness (JP, Solicitor, Police Officer or ACT BDM Staff)				
Telephone contact of witness	Full name of witness				
Address of witness					
PART D – PARTY 2 DECLARATION	I IF REQUIRED				
I,	being a (occupation)				
of (address)		Postcode			
hereby apply to the Registrar-General to correct the information as described above and solemnly and sincerely declare that the statements made in this application are true and correct by virtue of the <i>Statutory Declarations Act</i> 1959 and are subject to penalties provided by that Act for making false statements.  Declared at (suburb/town)  State/Territory					
Applicant's signature	Dated on				
Before me (signature of witness)	Qualification of witness (JP, Solicitor, Police Offi	cer or ACT BDM Staff)			
Telephone contact of witness	Full name of witness				
Address of witness					