

Add a father or parent to a birth certificate application

Use this application form to update a Queensland birth certificate to add a parent who was unable to sign the birth registration form. This application form does not remove or replace a parent shown on a birth certificate, to learn more visit www.qld.gov.au/rbdm.

Before submitting your application

- We understand this application form does not change our child's name, it adds a parent and their details, including their relationship with the other parent and previous children.
- We have had our signatures witnessed by another adult (18 or older) in the declarations section.
- We have included certified copies of proof of ID documents for each parent (see the proof of ID list).
- We understand the application fee does not include a birth certificate—to order a certificate we must fill in a **birth certificate application form** and pay the fee.
- We have totalled all fees in 1 payment—for a current list of fees visit www.qld.gov.au/rbdm.
- We have included payment and completed the 'payment options' section below and understand that if the application is refused the application fee will not be refunded. RBDM will refund any payment for postage and any extra certificates. Read more about the refund policy, visit www.qld.gov.au/RBDMrefundpolicy.

Submitting your application

Your application will take longer if your documents and payment are not correct. Submit your application form either:

- by post, with payment and certified copies of proof of ID to **Registry of Births, Deaths and Marriages, PO Box 15188, CITY EAST QLD 4002**
- in person take your completed application form, **original** proof of ID and payment to the Brisbane registry counter at Level 32, 180 Ann Street, Brisbane; your nearest Queensland Magistrates Court (except the Brisbane Magistrates Court); or Queensland Government Agent Program (QGAP) office.

Payment options *Your credit card will be charged according to current fees*

a) Who is paying the fee <i>your name</i>			
b) Child's name <i>in full</i>			
c) I have enclosed a bank cheque or money order payable to the Registry of Births, Deaths and Marriages for we do not accept personal cheques			\$
or debit my credit card	\$	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card number	□□□□ / □□□□ / □□□□ / □□□□		
Expiry date	□□ / □□		
Name on card			Signature of cardholder



Proof of ID (identification)

Copies of Proof of ID documents sent to us by post with your application must be certified as a true and correct copy by a qualified witness—do not send original proof of ID by post. If you apply in person at the Brisbane RBDM registry counter or nearest Queensland Magistrates Court or Queensland Government Agent Program (QGAP), customer service officers are able to sight your original proof of ID.

When applying by post the following persons are qualified witnesses and are able to certify photocopies of documents:

In Australia	Outside Australia
<ul style="list-style-type: none"> Justice of the Peace Commissioner for Declarations Barrister or Solicitor Notary Public 	<ul style="list-style-type: none"> Notary Public Australian Embassy officer Australian Consulate officer

You must provide **3 forms of current ID**:

- 1 from each category below; **OR**
- 2 from Community ID **and** 1 from the Home address evidence categories below.

All forms of ID must either be:

- current**—document has an expiry date, is valid, and not past the expiry date; **OR**
- recent**—document does not have an expiry date, and was issued no more than 6 months before being submitted to us.

If you currently live overseas, you may use the local equivalent for the ID items listed.

For documents not in English, you must also provide a translation from a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).

This list is not exhaustive. Please contact the registry to discuss other types of ID that may be accepted.

Types of ID (categories)

Personal ID	Community ID	Home address evidence
<input type="checkbox"/> Current Australian photo driver licence <input type="checkbox"/> Australian passport <input type="checkbox"/> Overseas passport <input type="checkbox"/> Adult Proof of Age card (formerly 18+ card)	<input type="checkbox"/> Medicare card <input type="checkbox"/> Concession or Healthcare card <input type="checkbox"/> Student ID <input type="checkbox"/> School or other educational report, less than twelve months old <input type="checkbox"/> Salary advice or payslip <input type="checkbox"/> Private Health Provider ID card <input type="checkbox"/> Defence Force or Police Service photo ID card <input type="checkbox"/> Australian Firearms licence <input type="checkbox"/> Document of identity issued by the Passport Office <input type="checkbox"/> Naturalisation, citizenship or immigration certificate <input type="checkbox"/> Birth certificate (does not expire) <input type="checkbox"/> Security guard or crowd control licence <input type="checkbox"/> Government employee photo ID card <input type="checkbox"/> Blue card	<p>Only provide the page with your name and current home address details. If the home address evidence provided is older than 6 months, we may still accept it.</p> <input type="checkbox"/> Utility account (gas, electricity, telephone, etc) <input type="checkbox"/> Rent or lease agreement <input type="checkbox"/> Rates notice <input type="checkbox"/> Vehicle registration or driver licence renewal notice for the last 12 months <input type="checkbox"/> Official correspondence from Government service providers (not from us) <input type="checkbox"/> Electoral enrolment document <input type="checkbox"/> Insurance policy notice from the last 12 months

(Version 2)

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Office use only
Application details

Effective as of 24/06/2024
Births, Deaths and Marriages Registration Act 2023

Please read the checklist and how to apply at www.qld.gov.au/rbdm before completing this application.
Print clearly and do not use block letter or correction fluid/tape.

1. Child's details as registered *These are the details on your child's birth certificate*

First name	
Middle name(s) <i>if any</i>	
Family name	
Place of birth	
Date of birth	DD / MM / YYYY

2. Birth mother's details as registered *These are the details on your child's birth certificate*

First name			
Middle name(s) <i>if any</i>			
Current family name			
Family name at birth <i>if same as current name, enter it again</i>			
Date of birth*	DD / MM / YYYY	Age in years	
Place of birth			
Town or city			
Australian state <i>or territory</i>			
Country <i>if born overseas</i>			
Current home address* <i>street, suburb, state</i>		Postcode*	

3. Father or parent's details to be added to your child's birth certificate

Tell us how the father or parent would like to be shown on the birth certificate	<input type="checkbox"/> Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Mother
First name			
Middle name(s) <i>if any</i>			
Current family name			
Family name at birth <i>if same as current name, enter it again</i>			
Date of birth*	DD / MM / YYYY	Age in years	
Place of birth			
Town or city			
Australian state <i>or territory</i>			
Country <i>if born overseas</i>			
Current home address* <i>street, suburb, state</i>		Postcode*	
Usual occupation <i>for example lawyer, teacher, home duties</i>			
Is the father or parent of Aboriginal or Torres Strait Islander origin?*			
<input type="checkbox"/> Yes, Aboriginal origin	<input type="checkbox"/> Yes, Torres Strait Islander origin	<input type="checkbox"/> Both, Aboriginal and Torres Strait Islander origin	<input type="checkbox"/> No

Continue to next page

4. Relationship of parents *As at time of your child's birth, if applicable*

<input type="checkbox"/> Marriage <input type="checkbox"/> Civil partnership/registered relationship	Date of marriage, civil partnership or de facto relationship started	DD / MM / YYYY
<input type="checkbox"/> De facto relationship <input type="checkbox"/> None of these		
Place of marriage, civil partnership or first home shared as a de facto couple		
Town or city		
Australian state <i>or territory</i>		
Country <i>if overseas</i>		

5. Previous children *These are older siblings and half-siblings of the child, living or passed away*

Do the parents have other children?	<input type="checkbox"/> Yes <i>(continue completing this section)</i> <input type="checkbox"/> No <i>(go to section 6)</i>
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- Enter in order of birth with the oldest child first
- Include any children whose birth certificate shows you as a parent, including children adopted, registered through a surrogacy parentage order, or registered through a cultural recognition order
- If you had twins or a multiple birth in this pregnancy do not include them
- Next to the parentage field, tell us who each child's parent(s) are by ticking
 - Both parents – child of both parents completing this form
 - Birth mother – child of only the birth mother, not the father or parent
 - Father or parent – child of only the father or parent, not the birth mother
- Previous children will be shown on the birth certificate but their parentage will not

Child 1 *The oldest*

First name			
Middle name(s) <i>if any</i>			
Date of birth	DD / MM / YYYY	<input type="checkbox"/> Child is alive	<input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage <i>child of</i>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Birth mother <i>only</i>	<input type="checkbox"/> Father or parent <i>only</i>

Child 2

First name			
Middle name(s) <i>if any</i>			
Date of birth	DD / MM / YYYY	<input type="checkbox"/> Child is alive	<input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage <i>child of</i>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Birth mother <i>only</i>	<input type="checkbox"/> Father or parent <i>only</i>

Child 3

First name			
Middle name(s) <i>if any</i>			
Date of birth	DD / MM / YYYY	<input type="checkbox"/> Child is alive	<input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage <i>child of</i>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Birth mother <i>only</i>	<input type="checkbox"/> Father or parent <i>only</i>

Child 4

First name			
Middle name(s) <i>if any</i>			
Date of birth	DD / MM / YYYY	<input type="checkbox"/> Child is alive	<input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage <i>child of</i>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Birth mother <i>only</i>	<input type="checkbox"/> Father or parent <i>only</i>

Child 5

First name			
Middle name(s) <i>if any</i>			
Date of birth	DD / MM / YYYY	<input type="checkbox"/> Child is alive	<input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage <i>child of</i>	<input type="checkbox"/> Both parents	<input type="checkbox"/> Birth mother <i>only</i>	<input type="checkbox"/> Father or parent <i>only</i>

Continue to next page

Child 6	
First name	
Middle name(s) if any	
Date of birth	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage child of	<input type="checkbox"/> Both parents <input type="checkbox"/> Birth mother <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
Child 7	
First name	
Middle name(s) if any	
Date of birth	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage child of	<input type="checkbox"/> Both parents <input type="checkbox"/> Birth mother <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
Child 8	
First name	
Middle name(s) if any	
Date of birth	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage child of	<input type="checkbox"/> Both parents <input type="checkbox"/> Birth mother <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
Child 9	
First name	
Middle name(s) if any	
Date of birth	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage child of	<input type="checkbox"/> Both parents <input type="checkbox"/> Birth mother <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
Child 10	
First name	
Middle name(s) if any	
Date of birth	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage child of	<input type="checkbox"/> Both parents <input type="checkbox"/> Birth mother <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
Child 11 <i>The youngest</i>	
First name	
Middle name(s) if any	
Date of birth	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
Parentage child of	<input type="checkbox"/> Both parents <input type="checkbox"/> Birth mother <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>

6. Declarations *Must be completed by **both** parents and witnessed by another adult (18 or older)*

I, <i>birth mother's name</i>	
of <i>current home address</i>	
	Postcode
*Contact number <i>mobile preferred</i>	
*Email address	
I, <i>father or parent's name</i>	
of <i>current home address</i>	
	Postcode
*Contact number <i>mobile preferred</i>	
*Email address	

Continue to next page

hereby apply to add the father or parent to our child's birth and certify that the information shown is correct for the purpose of being included in the Register of Births.

Birth mother			
Signature <i>of birth mother</i>			
Signature <i>of witness</i>		Date witnessed	DD / MM / YYYY
Name <i>of witness</i>			
*Contact number <i>of witness</i>			
*Email <i>of witness</i>			
Father or parent			
Signature <i>of father or parent</i>			
Signature <i>of witness</i>		Date witnessed	DD / MM / YYYY
Name <i>of witness</i>			
*Contact number <i>of witness</i>			
*Email <i>of witness</i>			
<small>*By providing an email address and mobile number, I consent to RBDM contacting me by email or SMS about this application. I understand that it is my responsibility to provide secure contact details, and to keep information secure when received.</small>			

Privacy statement

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing your application to add father or parent's details to a birth registration under the Births, Deaths and Marriages Registration Act 2023. The information on this application form may be provided to law enforcement agencies and to government and non-government agencies for verification of the data. Access to this information may be granted to any person who has adequate reason to obtain it, or who meets the requirements of the access policy. To obtain details about the access policy and rights of access to this information contact the registry within Australia **13QGOV (13 74 68)**, international callers **+61 7 3022 6100** (+10 hours UTC). For general information about the registry visit www.qld.gov.au/rbdm.

All items marked with an asterisk(*) are for statistical, administrative and community planning purposes and will not appear in the Registers.