

Acknowledgement of sex

Queensland born or adopted child (under 16) application

Complete this form to alter the record of sex on your child's Queensland birth certificate. If your child was born or adopted **outside of Queensland**, you need to complete a Recognised details certificate (under 16) application.

Before submitting your application

- We/I have read the rules and who can apply to make sure we/I are eligible to apply, visit www.qld.gov.au/AOSchild
- The child's record of sex has not been altered in Queensland within the last 12 months.
- We/I have provided certified copies of all required supporting documents:
- proof of ID for each person applying (details on page 2) **and** documents showing details of any
 - previous changes of name or sex for the child
 - previous changes of name for the person(s) applying
 - parental or guardianship relationship to the child for the person(s) applying (as required).
- Another adult (18 or older) has witnessed our signatures in the declarations section—includes the signature of the child if aged 12 to 15.
- An authorised person (must be a developmentally informed practitioner) has completed attachment 1.
- I have included payment and completed the 'payment options' section below.

We/I understand:

- this form can be used to change the child's first names to better express their identity.
- to change the child's **family name** we/I will need to complete a change of name application and pay the additional fee. Do this **after** the acknowledgement of sex application is finalised.
- the application may be refused (and the application fee not refunded) if we/I do not meet the eligibility requirements. Fees paid for any additional certificates and postage will be refunded. Read more about the refund policy, visit www.qld.gov.au/RBDMrefundpolicy

Submitting your application

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

- 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 by **booking an appointment**, visit www.qld.gov.au/AOSchild. Bring to your appointment your completed application form, original proof of ID and payment to the Brisbane registry customer service centre at Level 32, 180 Ann Street, Brisbane.

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

a) Who is paying the fee <i>your name or organisation</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 <i>we do not accept personal cheques</i>			
or debit my credit card		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date	<input type="text"/>	<input type="text"/>	
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 registry customer service centre at Level 32, 180 Ann Street, Brisbane, 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 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"/> 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, home phone, etc) <input type="checkbox"/> Rent or lease agreement <input type="checkbox"/> Rates notice <input type="checkbox"/> Vehicle registration or driver licence renewal notice from 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

Acknowledgement of sex**Queensland born or adopted child (under 16) application**

Effective as of 24/06/2024

Births, Deaths and Marriages Registration Act 2023 (Section 43)

Please read and complete the checklist attached before signing the declarations and submitting the form. Print clearly and do not use block letters or correction fluid/tape. If you make a mistake, initial the correction.

1. Who is applying *Must match your proof of ID, to view who can apply visit www.qld.gov.au/AOSchild*

First name			
Middle name(s) <i>if any</i>			
Family name			
Relationship to child <i>tick 1 that applies and attach evidence</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Myself (child applying)—court order attached OR Parental responsibility under a: <input type="checkbox"/> parenting order—court order attached <input type="checkbox"/> child protection order—court order attached <input type="checkbox"/> will—will and parents' death certificates attached		
Home address <i>Street, suburb, state</i>			Postcode
*Contact number <i>mobile preferred</i>			
*Email			

*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.

Normally both registered parents or all persons with parental responsibility must apply together: *tick 1 that applies*

- Both parents or persons with legal parental responsibility are applying together (*continue completing this section*)
- Only 1 parent is shown on the birth certificate, parenting order, child protection order, or will (*go to section 2*)
- Other person on birth certificate or court order has passed away—death certificate attached (*go to section 2*)
- Childrens court has approved my application—court order attached (*go to section 2*)

Other parent or person with parental responsibility applying: *Must match your proof of ID*

First name			
Middle name(s) <i>if any</i>			
Family name			
Relationship to child	<input type="checkbox"/> Parent OR Parental responsibility under a: <input type="checkbox"/> parenting order—court order attached <input type="checkbox"/> child protection order—court order attached <input type="checkbox"/> will—will and parents' death certificates attached		
Home address <i>Street, suburb, state</i>			Postcode
*Contact number <i>mobile preferred</i>			
*Email			

*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.

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2. Child's birth details *Must match the details on the child's Queensland birth or adoption certificate*

First name	
Middle name(s) <i>if any</i>	
Family name	
Sex on the child's current birth certificate*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term: <i>please specify</i>
Date of birth	DD / MM / YYYY
Place of birth <i>Town or city, state</i>	
Mother or registered parent's name <i>in full</i>	
Father or registered parent's name <i>in full</i>	

*If the child's record of sex has been altered before to a sex that is different from what is shown on their birth certificate you must provide evidence—such as a recognised details certificate from another state or territory.

3. New record of sex details *Tell us the sex the child identifies as*

This is the sex that will be shown on the child's birth certificate to better express their identity. If you provide another term for their sex, write it clearly. It must not be a prohibited sex descriptor, visit www.qld.gov.au/AOSchild

Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term: <i>please specify</i>
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4. New first names (if required) *Tell us the first names the child would like to use*

These are the names to be shown on your child's birth certificate to support their altered record of sex and are not prohibited names, visit www.qld.gov.au/AOSchild.

New first name	
New middle name(s) <i>if any</i>	

To change the child's family name you need to submit a change of name application and pay an additional fee. Do this after their acknowledgement of sex application is finalised.

5. Other legal names the child has used

Has the child used other legal names?	<input type="checkbox"/> Yes, evidence is attached (<i>continue completing this section</i>) <input type="checkbox"/> No (<i>go to section 6</i>)
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Start with the child's most recent change of name below. You will need to provide certified copies of documents showing how their name was changed—for example, a change of name certificate or court order.

Name in full	
How was the child's name changed? <i>change of name application, parent's marriage or divorce, court order</i>	
Name in full	
How was the child's name changed? <i>change of name application, parent's marriage or divorce, court order</i>	
Name in full	
How was the child's name changed? <i>change of name application, parent's marriage or divorce, court order</i>	

6. Other legal names for person(s) applying

Have the person(s) applying used other legal names?	<input type="checkbox"/> Yes, evidence is attached for all legal name changes—for example change of name certificate, marriage certificate <input type="checkbox"/> No (<i>go to section 7</i>)
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7. Declarations *Must be completed and signed by each person applying—including the child if aged 12 to 15*

We/I declare that:

Child's current name *in full*

1. Identifies as Male Female Another term: *please specify*

2. Altering the child's record of sex is in the child's best interest.

3. We/I declare that all the information provided in this application is correct and altering the child's record of sex and first name (if any) is not for a fraudulent or improper use.

Name of person applying

Signature
of person applying

Signature
of witness

Date witnessed DD / MM / YYYY

Name *of witness*

***Contact number of witness**
mobile preferred

***Email** *of witness*

Name of other person applying

Signature
of other person applying

Signature
of witness

Date witnessed DD / MM / YYYY

Name *of witness*

***Contact number of witness**
mobile preferred

***Email** *of witness*

Child's declaration *To be completed by the child if aged 12 to 15*

I *child's current name*

of *child's home address*

As a child 12 (or older) declare

I identify as Male Female Another term: *please specify*

I consent to changing my first names to:

Signature
of child

Signature
of witness

Date witnessed DD / MM / YYYY

Name *of witness*

***Contact number of witness**
mobile preferred

***Email** *of witness*

*The Registry of Births, Deaths and Marriages may contact you to verify these details or to ask for more details.

Privacy notice

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing your acknowledgement of sex under the *Births, Deaths and Marriages Registration Act 2023*. The information on this form may be provided to law enforcement agencies and to government and non-government agencies for verification of the data. Change of name data is provided to the Queensland Police Service for database matching and updating. Access to this information or a certificate 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 on **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.

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Office use only—registration type

Alter record of sex **only** - csex

Alter record of sex **and** first names - csex-con

8. Certificate order details *To view fees visit www.qld.gov.au/AOSchild*

When you make changes to your child's recorded sex and first names (if any), you will need a new birth certificate to update their details in the community.

We suggest the **linking birth certificate package**—includes an official linking birth certificate that can be used to update the child's details plus an official birth certificate that can be used to prove their identity without showing their previous details.

Type of certificate *Tell us if you want to order more than 1 package or certificate*

Official birth certificate package	Sample details	Office use				
<input type="checkbox"/> Linking birth certificate package 1 official linking birth certificate Shows the child's new recorded sex and name on the front and their previous details on the back <i>(use to update the child's ID)</i> 1 official birth certificate (with sex) Shows the child's new recorded sex and name and does not show any previous details <i>(use after the child's ID is updated)</i> Additional package <i>how many</i> _____	<table border="1"> <tr> <td> Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i> </td> <td> <i>(back)</i> Registered under authority of Section 43 of Act no 17 of 2023, previous entry number 2010/0000. Sex altered from female to male Name change from Jane Citizen to John Citizen </td> </tr> <tr> <td> Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i> </td> <td> <i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000. </td> </tr> </table>	Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i>	<i>(back)</i> Registered under authority of Section 43 of Act no 17 of 2023, previous entry number 2010/0000. Sex altered from female to male Name change from Jane Citizen to John Citizen	Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i>	<i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000.	ccpb-p
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<input type="checkbox"/> Linking birth certificate Shows the child's new recorded sex and name on the front and their previous details on the back <i>(use to update the child's ID)</i> Additional certificate <i>how many</i> _____	<table border="1"> <tr> <td> Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i> </td> <td> <i>(back)</i> Registered under authority of Section 43 of Act no 17 of 2023, previous entry number 2010/0000. Recorded sex altered from female to male Name change from Jane Citizen to John Citizen </td> </tr> </table>	Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i>	<i>(back)</i> Registered under authority of Section 43 of Act no 17 of 2023, previous entry number 2010/0000. Recorded sex altered from female to male Name change from Jane Citizen to John Citizen	ccpb-cs		
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<input type="checkbox"/> Birth certificate (with sex) Shows the child's new recorded sex and name and does not show any previous details <i>(use after the child's ID is updated)</i> Additional certificate <i>how many</i> _____	<table border="1"> <tr> <td> Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i> </td> <td> <i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000. </td> </tr> </table>	Birth certificate (front) Name... <i>John Citizen</i> Sex..... Male DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i>	<i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000.	ccpb		
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<input type="checkbox"/> Birth certificate (without sex) Shows the child's new first name (if any) and does not show any previous details <i>(cannot be used to prove their sex)</i> Additional certificate <i>how many</i> _____	<table border="1"> <tr> <td> Birth certificate (front) Name... <i>John Citizen</i> DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i> </td> <td> <i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000. </td> </tr> </table>	Birth certificate (front) Name... <i>John Citizen</i> DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i>	<i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000.	ccpbn		
Birth certificate (front) Name... <i>John Citizen</i> DOB.... <i>1/10/2010</i> Place... <i>Brisbane</i>	<i>(back)</i> Registered under authority of Act no 17 of 2023, previous entry number 2010/00000.					

9. Delivery details

Type of delivery	<input type="checkbox"/> Standard post (no additional fee) <input type="checkbox"/> Registered post (recommended for security)	
	<input type="checkbox"/> Express post <input type="checkbox"/> International registered mail	
First name(s)		
Family name		
Postal address <i>include country only if not Australia</i>		Postcode

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Attachment 1

Assessment of child by authorised person

This section must be completed by a professional who knows your child (not someone seeing them for the first time). They must be a **'developmentally informed practitioner'**, for more information about who can complete this section visit www.qld.gov.au/AOSchild.

This is an assessment of the child's understanding of the meaning and legal implications of altering their record of sex. It is not an assessment of the child's sense of their own gender identity, or whether transitioning is right for them.

Child's details *Must match the details on the child's current birth certificate*

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

Doctor or specialist's details

I <i>name in full</i>	
being a <i>your occupation</i>	
at <i>name of practice or school</i>	
of <i>street address of practice or school</i>	
	Postcode
*Contact number <i>mobile preferred</i>	
*Email	

*The Registry of Births, Deaths and Marriages may contact you to verify details or to ask for more information.

I have one of the qualifications or memberships listed *Tick one option and provide the membership or registration details*

<input type="checkbox"/> Registered medical practitioner	APRHA number
<input type="checkbox"/> Registered under the Health Practitioner Regulation National Law to practice psychology <i>Cannot be a student</i>	APRHA number
<input type="checkbox"/> Registered under the Health Practitioner Regulation National Law to practice occupational therapy <i>Cannot be a student</i>	APRHA number
<input type="checkbox"/> Registered under the Health Practitioner Regulation National Law to practice nursing as a registered nurse <i>Cannot be a student</i>	APRHA number
<input type="checkbox"/> Registered under the Health Practitioner Regulation National Law to practice as a midwife <i>Cannot be a student</i>	APRHA number
<input type="checkbox"/> Full or provisional certified practicing membership of The Speech Pathology Association of Australia Limited	Name on membership
<input type="checkbox"/> Member of the Australian Association of Social Workers Limited	Name on membership
<input type="checkbox"/> Registered on the Australian Register of Counsellors and Psychotherapists	Registration number
<input type="checkbox"/> Employed as a school guidance officer and hold both of the following: <ul style="list-style-type: none"> • full registration under the <i>Education (Queensland College of Teachers) Act 2005</i> • 1 of these qualifications <i>Tick the one that applies</i> <ul style="list-style-type: none"> <input type="checkbox"/> completed a masters course including guidance counselling, mental health or psycho-educational assessment <input type="checkbox"/> general or provisional registration in the Register of Psychologists kept by the Psychology Board of Australia <input type="checkbox"/> completed 4 years of a psychology program accredited by the Australian Psychology Accreditation Council 	Teacher registration number Psychology board registration number

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Assessment of child by authorised person

I have known the child since <i>the date you first saw the child in your professional capacity</i>			DD / MM / YYYY
I have seen them professionally on <i>tell us the most recent dates</i>	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
	DD / MM / YYYY	DD / MM / YYYY	DD / MM / YYYY
I am aware the child is applying to alter their record of sex to		Sex child identifies as or seeks to identify as	

Information you need to complete this assessment

To complete this assessment, you must confirm the child understands the meaning and legal effects of altering their record of sex. The effects are:

- **The child will be recognised under most Queensland laws, and for most legal purposes, as the sex they identify as.** For example, a child altering their record of sex to non-binary will legally be recognised as a person who is non-binary
- **Their Queensland birth certificate will be updated with the sex and first names they identify as—or if born outside Queensland they will get a recognised details certificate showing those details.**
- **Records containing their previous recorded sex will be closed and have access restrictions—the child can choose who, if anyone, they want to tell.**
- **Entitlements for the child won't change unless the law, will, or trust granting the entitlement specifies otherwise.** For example, if a parent leaves money in their will 'to my sons and daughters', a child won't lose that entitlement if they change their record of sex to non-binary

My relationship with the child

Provide relevant details about why you began seeing the child and the extent they have discussed their sex or gender identity with you—use dot points and attach a letter if you need more space.

Does the child understand what it means to alter their record of sex and how it will affect them?

Ask them to tell you in their own words what the meaning and impacts are—use dot points and attach a letter if you need more space.

Continue to page 7

Read and tick each of the statements below in acknowledgement:

I verify that I have seen/am seeing the child in my professional capacity and I support the application to alter their record of sex.

My professional assessment, based on my relationship with the child and understanding of children's development, is that the child understands both

- the legal implications of altering their record of sex (noted above)
- the meaning of altering their record of sex

I understand that it is an offence under the *Births, Deaths and Marriages Registration Act 2023* to provide false or misleading information.

I believe that the statements in this declaration and assessment are true in every particular.

Signature
of authorised person

At *place signed*

On *date*

DD / MM / YYYY

*The Registry of Births, Deaths and Marriages may contact you to verify these details or to request further information.