

# Register a parentage or discharge order application

Complete this form to register a parentage or discharge order obtained as part of a surrogacy arrangement to transfer the parentage of a child born or adopted in Queensland.

## Before submitting your application

- We/I have read the rules and are eligible to apply, visit [www.qld.gov.au/rbdm](http://www.qld.gov.au/rbdm).
- We/I have attached certified copies of proof of ID and supporting documents (as required).
- We/I have attached the official Children's Court parentage order or discharge order.
- Have another adult (18 or older) witness your signatures in the declaration section.
- We/I have totalled all fees in 1 payment—for a current list of fees visit [www.qld.gov.au/rbdm](http://www.qld.gov.au/rbdm).
- We/I 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. Read more about the refund policy, visit [www.qld.gov.au/RBDMrefundpolicy](http://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*

Registry of Births, Deaths and Marriages  
PO Box 15188  
CITY EAST QLD 4002

*In person take your printed and signed application form to*

- the Brisbane registry customer service centre at Level 32, 180 Ann Street, Brisbane
- one of our agents at a Queensland Magistrates Court or Queensland Government Agent Program (QGAP) office (except the Brisbane Magistrates Court).

If you apply for a certificate, it will be posted to you as soon as the parentage or discharge order has been processed.

Payment options <i>Your credit card will be charged according to current fees</i>			
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	□ □ □ □ / □ □ □ □ / □ □ □ □ / □ □ □ □		
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 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"> <li>Justice of the Peace</li> <li>Commissioner for Declarations</li> <li>Barrister or Solicitor</li> <li>Notary Public</li> </ul>	<ul style="list-style-type: none"> <li>Notary Public</li> <li>Australian Embassy officer</li> <li>Australian Consulate officer</li> </ul>

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 <b>page with your name and current home address</b> 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

# Register a parentage or discharge order application

Effective as of 24/06/2024

Births, Deaths and Marriages Registration Act 2023 (Section 18 and 20)

Surrogacy Act 2010

Read and complete the checklist attached before signing the declaration section. Please print clearly and **do not** use correction fluid. If you make an error, both parents must initial the correction.

All information provided is to be as at the time of the child's birth.

## 1. Child and birth parent's details *At the time of the child's birth*

First name	
Middle name(s) <i>if any</i>	
Family name	
Date of birth	DD / MM / YYYY
Place of birth	
<b>Birth mother or parent's details</b>	
First name	
Middle name(s) <i>if any</i>	
Family name	
<b>Birth father or parent's details</b>	
First name	
Middle name(s) <i>if any</i>	
Family name	

## 2. Child's details *These are the details shown on the parentage or discharge order*

First name	
Middle name(s) <i>if any</i>	
Family name	

## 3. Intended mother or parent's details *These are the details shown on the parentage or discharge order*

Tell us how the mother or parent would like to be shown on the birth certificate		<input type="checkbox"/> Mother	<input type="checkbox"/> Parent	<input type="checkbox"/> Father
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 or territory				
Country <i>if born overseas</i>				
Current home address* <i>street, suburb</i>			Postcode*	
Usual occupation <i>for example, lawyer, teacher, home duties</i>				
Is the mother 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				

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#### 4. Intended father or parent's details *These are the details shown on the parentage or discharge order*

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 or territory				
Country <i>if born overseas</i>				
Current home address* <i>street, suburb</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				

#### 5. Relationship of intended 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 or territory		
Country <i>if overseas</i>		

#### 6. Previous children of intended parents *These are older siblings and half-siblings of the child, living or passed away*

Do the intended parents have other children?	<input type="checkbox"/> Yes <i>(continue completing this section)</i>	<input type="checkbox"/> No <i>(go to section 7)</i>
<ul style="list-style-type: none"><li>• Enter in order of birth with the oldest child first</li><li>• 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</li><li>• If you had twins or a multiple birth in this pregnancy do not include them</li><li>• Next to the parentage field, tell us who each child's parent(s) are by ticking<ul style="list-style-type: none"><li>◦ Both parents – child of both parents completing this form</li><li>◦ Mother or parent – child of only the mother or parent, not the father or parent</li><li>◦ Father or parent – child of only the father or parent, not the mother or parent</li></ul></li><li>• Previous children will be shown on the birth certificate but their parentage will not</li></ul>		
Child 1 <i>The oldest</i>		
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"/> Mother or parent <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"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>	

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<b>Child 3</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 4</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 5</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 6</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 7</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 8</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 9</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 10</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 11</b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>
<b>Child 12 <i>The youngest</i></b>	
<b>First name</b>	
<b>Middle name(s) if any</b>	
<b>Date of birth</b>	DD / MM / YYYY <input type="checkbox"/> Child is alive <input type="checkbox"/> Child has passed away <input type="checkbox"/> Child was stillborn
<b>Parentage child of</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother or parent <i>only</i> <input type="checkbox"/> Father or parent <i>only</i>

**7. Declaration** *Must be completed by intended parent(s) and witnessed by another adult (18 or older)*

<b>I,</b> <i>intended mother or parent's name</i>			
<b>of</b> <i>current home address</i>			<b>Postcode*</b>
<b>*Contact number</b> <i>mobile preferred</i>			
<b>*Email</b> <i>of mother or parent</i>			
<b>and I,</b> <i>intended father or parent's name</i>			
<b>of</b> <i>current home address</i>			<b>Postcode*</b>
<b>*Contact number</b> <i>mobile preferred</i>			
<b>*Email</b> <i>of father or parent</i>			
<b>hereby apply to register our child's birth and certify that the information shown is correct for the purposes of being inserted in the Register of Births.</b>			
<b>Signature</b> <i>of intended mother or parent</i>		<b>Signature</b> <i>of intended father or parent</i>	
<b>Before me</b> <i>signature of witness</i>		<b>Before me</b> <i>signature of witness</i>	
<b>Name</b> <i>of witness</i>		<b>Name</b> <i>of witness</i>	
<b>*Contact number</b> <i>of witness</i>		<b>*Contact number</b> <i>of witness</i>	
<p>*By providing an email address and mobile number, I consent to RBDM contacting me electronically about this application. I understand that it is my responsibility to ensure that I have nominated a secure email address and phone number, and to ensure the security of information after I receive it.</p>			

**Privacy notice**

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

The collection of information on this form is authorised by the *Births, Deaths and Marriages Registration Act 2023*. It is used for the purposes of the Act which include registering births in Queensland and issuing birth certificates.

The information on this form may be provided to law enforcement agencies and to government and non-government agencies for verification of data. Access to this information or to 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 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](http://www.qld.gov.au/rbdm).