

Register a birth application

Before submitting your application

- Registering your child's birth does **not** include a birth certificate—to order a certificate you must complete a birth certificate application form and pay the certificate fee.
- If you have given birth to more than 1 child—complete an application for each child. For example, for twins you would complete 2 applications.
- Have another adult (18 or over) witness your signatures (birth mother and father or parent) in the declaration section.
- If the baby was not born in a hospital and was not taken to a hospital within **24 hours of birth**, you also need to get one of the following persons to fill out a notice of birth form:
 - a doctor present at the birth
 - if a doctor was not present at the birth—a midwife present at the birth
 - if a doctor or a midwife were not present at the birth—a person, other than the birth mother, present at the birth
 - if the birth mother was alone at the birth—the mother.

Please email the completed and signed notice of birth form to BDMOnlineBirthNotices@justice.qld.gov.au

Submitting your application

If you didn't sign the birth registration with an electronic signature online, submit the registration and certificate application forms either:

By post

Registry of Births, Deaths and Marriages
Reply Paid 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), visit www.qld.gov.au/law/births-deaths-marriages-and-divorces/courthouse-and-qgap-locations.

If you apply for a certificate, it will be posted to you as soon as the birth registration has been processed.

For more information

If you need more information or help completing this application form:

- check out the information available online, visit www.qld.gov.au/rbdlm
- call us on 13 QGOV (13 74 68), international callers +61 7 3022 6100
- write to us at the address provided above
- visit us at one of the locations above

Warning

Aboriginal and Torres Strait Islander peoples are warned that this form may ask for personal and sensitive information of deceased peoples.



Form 1 (Version 7)

Office use only

Registration details:

Register a birth application

Effective as of 24/06/2024

Births, Deaths and Marriages Registration Act 2023 (Section 9)

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's details

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

2. Birth details

Date of birth	DD / MM / YYYY				
Place of birth <i>Hospital and locality or full address if born elsewhere</i>					
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth weight <i>in grams</i> *		
If multiple birth, state order <i>Twins would read 1 of 2 or 2 of 2</i>	of	Was the child born alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state gestation period in weeks	
For home births only* <i>Other person present at birth</i>					
First name(s)*					
Family name*					
Current home address* <i>Street, suburb</i>				Postcode*	

3. Birth mother's details *The person who gave birth to the child*

Tell us how the birth mother 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 birth mother 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. Father or parent's details *The details of the child's other parent*

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*				
Street, suburb		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 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 *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 7</i>)
<ul style="list-style-type: none">• 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<ul style="list-style-type: none">◦ 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 <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"/> 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>	

Continue to next page

Child 3			
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 only <input type="checkbox"/> Father or parent only		
Child 4			
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 only <input type="checkbox"/> Father or parent only		
Child 5			
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 only <input type="checkbox"/> Father or parent only		
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 only <input type="checkbox"/> Father or parent only		
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 only <input type="checkbox"/> Father or parent only		
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 only <input type="checkbox"/> Father or parent only		
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 only <input type="checkbox"/> Father or parent only		
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 only <input type="checkbox"/> Father or parent only		
Child 11			
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 only <input type="checkbox"/> Father or parent only		
Child 12 The youngest			
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 only <input type="checkbox"/> Father or parent only		

7. Declaration *Must be completed by both parents*

If the parents are separated or are in dispute over the name of the child, both are still required to sign the application as both have rights and responsibilities to the child, even if they are no longer in a relationship. If only one parent is signing this form, please fill in the contact details of the other parent (if known) below and tell us the reason why they cannot sign in section 8. The registry will make further enquiries if not satisfied with the information provided. Please print clearly.

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

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.

Signature <i>of birth mother</i>		Signature <i>of father or parent</i>	
Before me <i>signature of witness</i>		Before me <i>signature of witness</i>	
Name <i>of witness</i>		Name <i>of witness</i>	
*Contact number <i>of witness</i>		*Contact number <i>of witness</i>	

Any person who knowingly makes any false statement relating to any matter to be registered is liable to imprisonment of 3 years under section 501 of the Criminal Code.

*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.

8. If only one parent is signing tell us the reason:

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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.