

## Notice of birth (for home births)

To finalise registration of your child's birth, a notice of birth form must also be completed:

- if the child was taken to a hospital **within 24 hours of birth**, the person in charge of the hospital will complete the notice of birth form and submit it to us.

Otherwise, you must have 1 of the following complete the 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 birth mother.

## Before submitting your notice

I/We understand that this notice must be completed for a home birth.

I/We have completed a birth registration application form.

Which 1 of the following is completing and signing the 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 birth mother.

## Submitting your notice

Your application will take longer if your documents are not correct, submit your notice either:

- by email to [BDMOnlineBirthNotices@justice.qld.gov.au](mailto:BDMOnlineBirthNotices@justice.qld.gov.au)
- by post, to **Registry of Births, Deaths and Marriages, PO Box 15188, CITY EAST QLD 4002**
- in person take your completed and signed notice to the Brisbane registry customer service centre at Level 32, 180 Ann Street, Brisbane; your nearest Queensland Magistrates Court(except the Brisbane Magistrates Court); or Queensland Government Agent Program (QGAP) office.



## Form 2 (Version 3)

## Notice of birth

Effective as of 04/09/2024

Births, Deaths and Marriages Registration Act 2023 (Section 5)

This notice is not to be completed if information has been provided electronically. Notice must be given within 2 working days after the birth—for every live birth and stillbirth. For home births where the birth mother was not attended by a doctor or midwife immediately after the birth, contact us for more information on [BDMOnlineBirthNotices@justice.qld.gov.au](mailto:BDMOnlineBirthNotices@justice.qld.gov.au).

## 1. Birth mother's details

First name	
Middle name(s) if any	
Family name	
Birth family name if known	
Date of birth	DD / MM / YYYY

## Is the birth mother of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal origin  Yes, Torres Strait Islander origin  Both, Aboriginal and Torres Strait Islander origin

Home address		Postcode	
--------------	--	----------	--

\*The contact details below may be completed **only** if the birth mother has consented.

*Email	
--------	--

*Contact number mobile preferred	
----------------------------------	--

## 2. Child's birth details Includes stillbirths of at least 20 weeks gestation or 400 grams weight at birth

First name			
Middle name(s) if any			
Family name			
Date of birth	DD / MM / YYYY	Live birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate	Birth weight in grams	
Multiple birth complete a notice for each baby	<input type="checkbox"/> No, single birth <input type="checkbox"/> 1 of 2 <input type="checkbox"/> 2 of 2 <input type="checkbox"/> Other (please specify): ____ of ____		
Place of birth			

## Is the child of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal origin  Yes, Torres Strait Islander origin  Both, Aboriginal and Torres Strait Islander origin

## 3. Who is giving notice Must be the responsible person

If born in a hospital (or brought to a hospital within 24 hours after birth): the person in charge of the hospital; doctor or midwife present at the birth. If neither a doctor or midwife were present at the birth: a person present at the birth, other than the birth mother; if the birth mother was alone, the birth mother; or if the birth mother dies or abandons the baby, the person who takes physical custody.

First name		Family name	
------------	--	-------------	--

Signed by responsible person giving notice	sign here
--	-----------

Address of responsible person if child was not born in a hospital		Postcode	
---	--	----------	--

*Email	
--------	--

*Contact number mobile preferred	
----------------------------------	--

\*By providing an email address and mobile number, I consent to the Registry of Births, Deaths and Marriages contacting me electronically about this notice. 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.

## Privacy notice

The Registry of Births, Deaths and Marriages is collecting the personal information on this Form 2, for the purposes of registering the birth of a child in accordance with the requirements of the *Births, Deaths and Marriages Registration Act 2023*. The personal information collected on this form will only be used for the purpose of registering the birth of a child or as otherwise authorised or required under a law. The personal information collected on this form will be disclosed to other State and Commonwealth government entities but will not otherwise be disclosed unless authorised or required under a law. The personal information collected on this form will be handled in accordance with the provisions of the *Information Privacy Act 2009* and the *Births, Deaths and Marriages Registration Act 2023*.

