

Application to note a reassignment of sex in the birth register or the adopted children register

Before submitting your application

- I have been unable to complete this form online at www.qld.gov.au/rbdm and complete this application form.
- I have included copies of the required proof of ID and other supporting documents with my application.
- All copies of my proof of ID and supporting documents have been certified as being 'a true and correct copy' by a qualified witness.
- If applying on behalf of a child—I have included approval from a magistrates court, if required.
- Another adult has witnessed my signature on the declaration section of the application form.
- 2 doctors have completed the statutory declaration sections of the application confirming my surgery **OR**
- I have included a recognition certificate stating that the person who is the subject of this application has undergone sexual reassignment surgery and is a person of the sex stated on the certificate, accompanied by other information and documents prescribed under a regulation.
- I have totalled all fees in 1 payment—for a current list of fees visit www.qld.gov.au/rbdm.
- I have enclosed payment and completed the 'payment options' section below (if applying by post).

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 customer service centre at Level 32, 180 Ann Street, Brisbane.

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

a) Who applied <i>your name or organisation</i>			
b) Name on recognition certificate <i>in full</i>			
c) I have enclosed a bank cheque or money order payable to the Registry of Births, Deaths and Marriages for			\$
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"> 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.

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"/> Full birth certificate <input type="checkbox"/> Security guard/crowd control licence <input type="checkbox"/> Government employee photo ID card <input type="checkbox"/> Blue card	<p>Provide only the page containing your name and current home address details.</p> <input type="checkbox"/> Recent utility account (gas, electricity, home phone, etc) <input type="checkbox"/> Rent/lease agreement <input type="checkbox"/> Rates notice <input type="checkbox"/> Registration or driver licence renewal notice <input type="checkbox"/> Recent official correspondence from Government service providers (not from this agency) <input type="checkbox"/> Electoral enrolment document <input type="checkbox"/> Insurance policy notice

Form 6 (Version 4)

Application to note a reassignment of sex in the birth register or the adopted children register

Office use only

Registration details:

Effective as at 19 June 2018

Births, Deaths and Marriages Registrations Act 2003 (Section 23)

Please read the checklist and additional information before completing this application.

Print clearly in black pen and do not use block letters or correction fluid.

1. Your change of sex details *for person who had sexual reassignment surgery*

Application is made to note a reassignment of sex on the birth or adoption registration of the person in section 3 after sexual reassignment surgery. I have had the required two (2) doctors complete the prescribed details on the statutory declarations of this form or attached my recognition certificate showing that I have had sexual reassignment surgery.

from <i>sex at birth</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	to <i>sex as reassigned</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name <i>at present</i>			
Middle name(s) <i>if any at present</i>			
Family name <i>at present</i>			

2. Other names you have used *for person who had sexual reassignment surgery*

Have you used other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to section 3)
First name	
Middle name(s) <i>if any</i>	
Family name	
First name	
Middle name(s) <i>if any</i>	
Family name	

Evidence of other names used must be provided—such as marriage certificate, deed poll, change of name certificate(s). If a change of name has been done as part of the reassignment process, the change can also be noted on the birth or adoption registration.

If a change of name has not been done, and you would like to do that now, please contact us for more information. These are separate processes and an additional fee is payable.

3. Your birth details *Must match the Queensland birth or adoption certificate for person who had sexual reassignment surgery*

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

Continue to next page

Your parents' details *Must match the Queensland birth or adoption certificate for person who had sexual reassignment surgery*

Mother's (or registered parent's) first name	
Mother's (or registered parent's) middle name(s) <i>if any</i>	
Mother's family name	
Father's (or registered parent's) first name	
Father's (or registered parent's) middle name(s) <i>if any</i>	
Father's (or registered parent's) family name	

4. Who is applying *Details must match your proof of ID*

If applying on behalf of a child (under 18 years) **both** parents or legal guardian(s) must apply. Other parent's or legal guardian's details to be provided on page 3.

First name			
Family name			
Current home address <i>Street, suburb, state</i>		Postcode	
Postal address <i>include country only if not Australia</i>		Postcode	
*Contact number <i>mobile preferred</i>			
*Email			
Relationship to person in section 3	<input type="checkbox"/> Self (Go to section 5) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian (evidence required)		

***By providing an email address and mobile number, I consent to the use of that email address and mobile number for the Registry of Births, Deaths and marriages (RBDM) to contact me by SMS and email that relates to this application. I understand that it is my responsibility to ensure that I have nominated a secure email address to RBDM to send any related correspondence to. I acknowledge that it is my responsibility to ensure the security of that information upon receipt of it.**

Is only one parent or guardian applying? *Choose any that apply*

- No, both parents or legal guardian(s) are applying
- Yes, father's details are not shown on my child's birth certificate (Go to section 5)
- Yes, other parent has passed away—death certificate or details of Queensland death attached (Go to section 5)
- Yes, other parent's whereabouts are unknown or refuses to sign—details in a statutory declaration attached
- Yes, I have approval from a magistrates court, see attached (Go to section 5)
- Yes, other parent is unable to apply for another reason—please contact us on 13QGOV (13 74 68)

Continue to next page

If both parents or guardians are applying, complete the details below:

First name			
Family			
Current home address <i>Street, suburb, state</i>		Postcode	
Postal address <i>include country only if not Australia</i>		Postcode	
*Contact number <i>mobile preferred</i>			
Email			
Relationship to person in section 3	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian (evidence required)		
*By providing an email address and mobile number, I consent to the use of that email address and mobile number for RBDM to contact me by SMS and email that relates to this application. I understand that it is my responsibility to ensure that I have nominated a secure email address to RBDM to send any related correspondence to. I acknowledge that it is my responsibility to ensure the security of that information upon receipt of it.			

5. Declaration *Your signature must be witnessed by another adult over 18 years*

Signature <i>of person applying</i>			
Signature <i>of witness</i>			
Name of witness			
Date witnessed	DD MM YYYY		

If both parents or guardians of a child are applying:

Signature <i>of other parent/guardian</i>			
Signature <i>of witness</i>			
Name of witness			
Date witnessed	DD MM YYYY		

6. Statutory declarations *Refers to statutory declaration one and two on following pages*

Both declarations must be completed by a doctor and taken (witnessed) by one of the following people: a Justice of the Peace, a Commissioner for Declarations, a Notary Public under the law of the state, the Commonwealth or another state, a lawyer, a conveyancer or another person authorised to administer an oath under the law of the state, the Commonwealth or another Australian state. If the statutory declaration is signed outside of the Commonwealth of Australia, a Notary Public in the overseas country may witness the doctor's signature.

Continue to next page

Declaration one			
I <i>full name of doctor</i>			
of <i>current address</i>			
Telephone <i>daytime number</i>			
am registered in <i>country</i>			
as a doctor and my Medicare Provider Number is <i>if applicable</i>			
on	DD	MM	YYYY
I examined or performed sexual reassignment surgery on			
First name			
Middle name(s) <i>if any</i>			
Family name			
whose identity I have confirmed from documents produced to me. I confirm this person has undergone sexual reassignment surgery as defined in Schedule 2 of the <i>Births, Deaths and Marriages Registration Act 2003</i> as 'a surgical procedure involving the alteration of a person's reproductive organs carried out:			
a) to help the person be considered to be a member of the opposite sex or			
b) to correct or eliminate ambiguities about the sex of the person.'			
I confirm the change of sex of <i>full name of person whose birth or adoption certificate is being noted</i>			
First name			
Middle name(s) <i>if any</i>			
Family name			
from <i>sex at birth</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	to <i>sex as reassigned</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
This is a confidential disclosure for the exclusive use of the Registry of Births, Deaths and Marriages. I do solemnly and sincerely declare that the statements of fact contained in this statutory declaration are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1867</i> .			
Signature <i>of doctor</i>			
on	DD	MM	YYYY
		at <i>place, state</i>	
Taken and declared before me <i>name of person taking the declaration</i>			
First name <i>of witness</i>			
Family name <i>of witness</i>			
Signature <i>of witness</i>			
Current address			
<i>Street, suburb</i>		Postcode	
Qualifications <i>of witness</i>			
Telephone <i>daytime number</i>	JP/C.dec. number		
	<i>if applicable</i>		

Continue to next page

Declaration two			
I <i>full name of doctor</i>			
of <i>current address</i>			
Telephone <i>daytime number</i>			
am registered in <i>country</i>			
as a doctor and my Medicare Provider Number is <i>if applicable</i>			
on		DD MM YYYY	
I examined or performed sexual reassignment surgery on			
First name			
Middle name(s) <i>if any</i>			
Family name			
whose identity I have confirmed from documents produced to me. I confirm this person has undergone sexual reassignment surgery as defined in Schedule 2 of the <i>Births, Deaths and Marriages Registration Act 2003</i> as 'a surgical procedure involving the alteration of a person's reproductive organs carried out:			
a) to help the person be considered to be a member of the opposite sex or			
b) to correct or eliminate ambiguities about the sex of the person.'			
I confirm the change of sex of <i>full name of person whose birth or adoption certificate is being noted</i>			
First name			
Middle name(s) <i>if any</i>			
Family name			
from <i>sex at birth</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	to <i>sex as reassigned</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
This is a confidential disclosure for the exclusive use of the Registry of Births, Deaths and Marriages. I do solemnly and sincerely declare that the statements of fact contained in this statutory declaration are true and correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the <i>Oaths Act 1867</i> .			
Signature <i>of doctor</i>			
on	DD MM YYYY	at <i>place, state</i>	
Taken and declared before me <i>name of person taking the declaration</i>			
First name <i>of witness</i>			
Family name <i>of witness</i>			
Signature <i>of witness</i>			
Qualifications <i>of witness</i>			
Current address			
<i>Street, suburb</i>		Postcode	
Telephone <i>daytime number</i>		JP/C.dec. number <i>if applicable</i>	

Privacy notice

The Department of Justice and Attorney-General is collecting your personal information for the purpose of processing your application to note a reassignment of sex in the birth register or the adopted child register under section 23 of the *Births, Deaths and Marriages Registration Act 2003*. Unless required or authorised by law, your personal information will not be provided to any other third party without your consent. 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 3405 0985** (+10 hours UTC). For general information about the registry visit www.qld.gov.au/rbdm.