

Register a birth application form

Before submitting your application

- I understand that registering my child's birth does not include a birth certificate—to order a certificate I understand that I must complete a [birth certificate application form](#) and pay the certificate fee
- If you have given birth to more than one child—complete applications for each child (e.g. twins—2 applications)
- Mother and father/parent to sign the declaration section on page 3
- Get another adult to witness your signatures in the declaration section on page 3
- If the birth did not occur in a hospital—birth notification information must be provided.

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 mother, present at the birth
- if the 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

By post

Post your application to:

Registry of Births, Deaths and Marriages
Reply Paid 15188
CITY EAST QLD 4002

In person

Take your printed 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 (except the Brisbane Magistrates Court) or Queensland Government Agent Program (QGAP) office (www.qld.gov.au/law/births-deaths-marriages-and-divorces/courthouse-and-qgap-locations).



Form 1 (Version 6)

Birth registration application

Effective as of 18/02/2014

Births, Deaths and Marriages Registrations Act 2003 (Section 9)
Surrogacy Act 2010
Relationships Act 2011

Please read and complete the checklist attached before signing the declaration.
Please print clearly and do not use correction fluid/tape.
All information provided is to be as at the time of the child's birth.

Office use only

Registration number

District

1. Details of child	
First names	
Surname	

2. Birth details			
Date of birth	DD / MM / YYYY		
Place of birth <small>(Hospital and locality or full address if born elsewhere)</small>			Office use only—Registration number
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth weight <small>in grams*</small>	
If multiple birth, state order <small>(eg Twins would read 1 of 2 or 2 of 2)</small>	of		
Was the child born alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, state gestation period in weeks	
Person present at birth* <small>(Midwife, doctor, other person)</small>			
First names*			
Surname*			
Current residential address* <small>(Street, suburb)</small>			Postcode*

3. Mother's details			
First names			
Surname			
Maiden surname <small>(Surname at time of your birth)</small>			
Date of birth*	DD / MM / YYYY	Age in years	
Place of birth <small>(Town/city, state or if born overseas town/city, country)</small>			
Current residential address* <small>(Street, suburb)</small>			Postcode*
Usual occupation <small>(eg Lawyer, teacher, home duties)</small>			
Is the 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			

4. Father's or parent's details

<input type="checkbox"/> Father's details <input type="checkbox"/> Parent's details			
First names			
Surname			
Date of birth*	DD / MM / YYYY	Age in years	
Place of birth <small>(Town/city, state or if born overseas town/city, country)</small>			
Current residential address* <small>(Street, suburb)</small>			
			Postcode*
Usual occupation <small>(eg Lawyer, teacher, home duties)</small>			
Is the father/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. Marriage or registered relationship details of child's parents (As at time of child's birth)

Date of marriage or registration of relationship	DD / MM / YYYY	<input type="checkbox"/> Marriage <input type="checkbox"/> Registered relationship
Place of marriage or place of registered relationship <small>(Town/city, state or if overseas town/city, country)</small>		

6. Previous children of this relationship

- Enter in order of birth with the eldest child first. Do not include a child born of the same pregnancy as the child being registered.
- Include legally adopted children.
- If deceased enter 'D' in the Date of birth column.
- If not born alive enter 'SB' in the Date of birth column.
- If no previous children of this relationship write 'None' in the first column.
- Include children registered through court surrogacy parentage orders.

First names	Date of birth	First names	Date of birth

7. Declaration (Must be completed by both parents. See attached guidelines for more information about this)

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. The registry will make further enquiries if it is not satisfied with the information provided or the explanation as to why only one parent has applied. (Please print)

I <small>(Mother's full name)</small>			
Of <small>(Mother's current residential address)</small>	Postcode	Telephone number	
and I <small>(Father's/parent's full name)</small>			
Of <small>(Father's/parent's current residential address)</small>	Postcode	Telephone number	

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 <small>of mother</small>		Signature <small>of father/parent</small>	
Signature <small>of witness</small>		Signature <small>of witness</small>	
Telephone number of witness		Telephone number of witness	

Any person who knowingly makes any false statement relating to any matter to be registered is liable to imprisonment of three years. (s501, Criminal Code)

Privacy statement

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 2003*. 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 **13 QGOV (13 74 68)**. For general information about the registry visit www.qld.gov.au/rbdm.

Translations

اللغة العربية

إنه مطلب قانوني أن تقوم بتسجيل مولد طفلك. ويتحقق ذلك عن طريق قيام الوالدين بتعبئة طلب تسجيل المولود الموجود في هذه الكراسة وإرساله إلى أمين سجل المواليد والوفيات والزيجات، على العنوان:
PO Box 15188, City East, Qld 4002

إذا كنت في حاجة إلى مساعدة الترجمة الشفهية لتعبئة هذا الطلب، برجاء الاتصال بخدمة الترجمة الشفهية الهاتفية على الرقم 13 14 50 واطلب منهم الاتصال بالسجل على الرقم 1300 366 430.

中文

您要依法注册孩子的出生，父母两人须填写本小册子中的“出生注册申请表”，然后寄到“出生、死亡和婚姻注册处 (Registry of Births, Deaths and Marriages)”，地址是：
PO Box 15188, City East, Qld 4002

如果申请时需要口译员帮助，请拨打“电话口译服务”电话 13 14 50，请他们帮助拨打注册处电话 1300 366 430。
INDONESIA

Merupakan ketentuan hukum untuk mendaftarkan kelahiran anak anda. Kedua orang tua harus mendaftarkan kelahiran anak dengan mengisi Aplikasi Pendaftaran Kelahiran di brosur ini dan kirim ke Panitera Kelahiran, Kematian dan Pernikahan, PO Box 15188, City East, Qld 4002

Jika anda membutuhkan bantuan penterjemah, silahkan hubungi layanan penterjemah telepon di 13 14 50 dan mint: mereka untuk hubungi Panitera di 1300 366 430.

JIËŃ

Yen ee loŋ ye thiec tēnē yin rin ba kol dhieth menhdu gat piny. Wēëk kōc dhieth eben leu luçi ke bak athor dhieth kēnē thiog yic ne brochure kēnē ku tooc tēnē makteb dhieth, thuçu, ku thieek, PO Box 15188, City East, Qld 4002

Yi n awic ran ye kōc war thook rin bi yi kony kēnē athor kēnē, yin liem ba telepun yuob tēnē ran luçi ye kōc war thook ne 13 14 50 ku thiec keek rin bik makteb miith ci dhieth gat piny yuob ne 1300 366 430.

For more information

For more information or help with completing this application:

- telephone **13 QGOV (13 74 68)**, international callers **+61 7 3328 4811**
- email bdm-mail@justice.qld.gov.au (Applications and supporting documentation cannot be emailed) or visit www.qld.gov.au/rbdm
- write to the Registry of Births, Deaths and Marriages
PO Box 15188 CITY EAST QLD 4002
- visit the Registry of Births, Deaths and Marriages at
Level 32, 180 Ann St, Brisbane, Queensland.