

## Form 2 (Version 3)

## Notice of birth

Effective as of 19/05/2021

Births, Deaths and Marriages Registration Act 2003 (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 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).

<b>1. Mother's details</b>			
First name			
Middle name(s) if any			
Family name			
Maiden name if known			
Date of birth	DD	MM	YYYY
<b>Is the mother of Aboriginal or Torres Strait Islander origin?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Both, Aboriginal and Torres Strait Islander origin			
Home address			Postcode
*The contact details below may be completed <b>only</b> if the mother has consented.			
*Email			
*Contact number mobile preferred			
<b>2. Child's birth details</b> 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			
<b>Is the child of Aboriginal or Torres Strait Islander origin?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal origin <input type="checkbox"/> Yes, Torres Strait Islander origin <input type="checkbox"/> Both, Aboriginal and Torres Strait Islander origin			
<b>3. Who is giving notice</b> Must be the responsible person			
<b>If born in a hospital (or brought to a hospital within 24 hours after birth):</b> the person in charge of the hospital; doctor or midwife present at the birth. <b>If neither a doctor or midwife were present at the birth:</b> a person present at the birth, other than the mother; if the mother was alone, the mother; or if the 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 using my email address and mobile number to provide electronic information to me and for contact using SMS and email relating to this notice. I understand that it is my responsibility to ensure that I have nominated an appropriate email address. I acknowledge that it is my responsibility to ensure the security of that information when received.

## 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 2003*. 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 2003*.

