

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. Note that, in certain circumstances allowed under the *Oaths Act 1867*, the doctors may direct a another person (substitute signatory) to sign the declaration on their behalf in the presence of an authorised witness. Explanatory guides about completing the statutory declaration sections are available at www.publications.qld.gov.au/dataset/statutory-declaration

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 <small>your name or organisation</small>			
b) Name on recognition certificate <small>in full</small>			
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

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

Effective as at 1 July 2022

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

Office use only

Registration details:

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

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

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

Continue to next page

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 <small>Street, suburb, state</small>			Postcode
Postal address <small>include country only if not Australia</small>			Postcode
*Contact number <small>mobile preferred</small>			
*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)

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

First name			
Family			
Current home address <small>Street, suburb, state</small>			Postcode
Postal address <small>include country only if not Australia</small>			Postcode
*Contact number <small>mobile preferred</small>			
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.			

Continue to next page

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

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

If both parents or guardians of a child are applying:

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

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 3022 6100** (+10 hours UTC). For general information about the registry visit www.qld.gov.au/rbdm.

6. Statutory declarations Refers to Doctor 1's and Doctor 2's statutory declarations 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.

For more information about witnessing statutory declarations (including electronic witnessing by a special witness), please see the explanatory guides available at www.publications.qld.gov.au/dataset/statutory-declaration.

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Doctor 1's statutory declaration			
I <i>full name of doctor</i>			
of <i>current residential 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 <i>date</i>	DD	MM	YYYY
I examined or performed sexual reassignment surgery on			
First names			
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 registration is being noted</i>			
First names			
Family name			
from sex at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	to sex as reassigned	<input type="checkbox"/> Male <input type="checkbox"/> Female
and I make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the <i>Oaths Act 1867</i> .			
I declare that the contents of this statutory declaration are true and correct. Where the contents of this declaration are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and grounds for the belief.			
I understand that it is a criminal offence to provide a false matter in a declaration, for example, the offence of perjury under section 123 of the Criminal Code.			

I state that: **cross-out whichever statements are not applicable*

A. This declaration was made in the form of an electronic document.*[i]

B. This declaration was electronically signed.*[ii]

C. This declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* (audio visual links).*[iii]

Signature of doctor 1			
on <i>date</i>	DD / MM / YYYY	at <i>place, state</i>	
Declared at <i>place</i>		on	DD MM YYYY
If doctor 1 has directed a substituted signatory to sign for them <i>cross-out or leave blank if not applicable</i>			
Full name <i>of substituted signatory</i>		on	DD MM YYYY
Signature <i>of substituted signatory</i>			
In the presence of:			
Full name of witness			
Type of witness <i>for example, Australian legal practitioner, lawyer, Justice of the Peace, Commissioner for Declarations, notary public, a Justice of the Peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the Oaths Act 1867, government legal officer, etc.</i>			
Signature		INSERT JP SEAL HERE	
Witness's place of employment <i>cross-out or leave blank if not applicable</i>		on	DD MM YYYY
<i>For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc.</i>			

For special witness to complete *Tick as applicable*

I am a **special witness** under the *Oaths Act 1867*. (see section 12 of the *Oaths Act 1867*)

This document was made in the form of an electronic document.[iv]

I electronically signed this document.[v]

This statutory declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.[vi]

Continue to next page

HOW THIS DOCUMENT WAS MADE

Please attach this page to your statutory declaration

NOTE: FAILURE TO COMPLETE THIS TABLE DOES NOT INVALIDATE THE DOCUMENT

The signatory (doctor 1/declarant) or substitute signatory must complete this section

SIGNATORY / SUBSTITUTE SIGNATORY to complete

Who signed this declaration?

- the signatory (doctor 1/declarant)
 a substitute signatory

How did the signatory/substitute signatory sign?

- on paper
 electronically

How was this declaration witnessed?

- in person
 over audio visual link

The witness must complete this section

WITNESS to complete

How did you (the witness) sign this document?

- on paper
 electronically

What document did you (the witness) sign?

- The same physical (paper) document that was signed in the presence of the signatory /substitute signatory
 A copy of the document that was signed by the signatory/substitute signatory (e.g a scanned copy of a paper signed document, a photocopy or printout)
 A counterpart of the document (a copy of the document without the signature of the signatory/substitute signatory)

What form of document did you (the witness) sign?

- paper
 electronic (tick this if you electronically signed the document or if you physically signed a copy of the document signed by the signatory/substitute signatory and then sent a scanned copy of that document to the signatory or other person)

How was the substitute signatory directed to sign (if applicable)?

- in person by the signatory
 over audio visual link by the signatory

Footnotes

[i] Include this statement if you electronically signed the document or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.

[ii] Include this statement if you or your substitute signatory electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

[iii] Include this statement if the document was made over audio visual link.

[iv] Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the declarant.

[v] This this box if you electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

[vi] Tick this box if the statutory declaration was made over audio visual link.

Continue to next page

Doctor 2's statutory declaration			
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 registration is being noted</i>			
First names			
Family name			
from sex at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	to sex as reassigned	<input type="checkbox"/> Male <input type="checkbox"/> Female
and I make this solemn declaration conscientiously believing the same to be true by virtue of the provisions of the <i>Oaths Act 1867</i> .			
I declare that the contents of this statutory declaration are true and correct. Where the contents of this declaration are based on information and belief, the contents are true to the best of my knowledge and I have stated the source of that information and grounds for the belief.			
I understand that it is a criminal offence to provide a false matter in a declaration, for example, the offence of perjury under section 123 of the Criminal Code.			

I state that: **cross-out whichever statements are not applicable*

A. This declaration was made in the form of an electronic document.*[i]

B. This declaration was electronically signed.*[ii]

C. This declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* (audio visual links).*[iii]

Signature of doctor 1			
on <i>date</i>	DD / MM / YYYY	at <i>place, state</i>	
Declared at <i>place</i>		on	DD MM YYYY
If doctor 2 has directed a substituted signatory to sign for them <i>cross-out or leave blank if not applicable</i>			
Full name <i>of substituted signatory</i>		on	DD MM YYYY
Signature <i>of substituted signatory</i>			
In the presence of:			
Full name of witness			
Type of witness <i>for example, Australian legal practitioner, lawyer, Justice of the Peace, Commissioner for Declarations, notary public, a Justice of the Peace or commissioner for declarations approved by the Chief Executive under section 12(2) of the Oaths Act 1867, government legal officer, etc.</i>			
Signature		INSERT JP SEAL HERE	
Witness's place of employment <i>cross-out or leave blank if not applicable</i>		on	DD MM YYYY
<i>For example, the name of the law practice for the Australian legal practitioner, the name of the government department of the government legal officer, the name of the law practice for a justice of the peace who witnesses documents for a law practice, etc.</i>			

For special witness to complete *Tick as applicable*

- I am a **special witness** under the *Oaths Act 1867*. (see section 12 of the *Oaths Act 1867*)
- This document was made in the form of an electronic document.[iv]
- I electronically signed this document.[v]
- This statutory declaration was made, signed and witnessed under part 6A of the *Oaths Act 1867* I understand the requirements for witnessing a document by audio visual link and have complied with those requirements.[vi]

Continue to next page

HOW THIS DOCUMENT WAS MADE

Please attach this page to your statutory declaration

NOTE: FAILURE TO COMPLETE THIS TABLE DOES NOT INVALIDATE THE DOCUMENT

The signatory (doctor 2/declarant) or substitute signatory must complete this section

SIGNATORY / SUBSTITUTE SIGNATORY to complete

Who signed this declaration?

- the signatory (doctor 2/declarant)
 a substitute signatory

How did the signatory/substitute signatory sign?

- on paper
 electronically

How was this declaration witnessed?

- in person
 over audio visual link

The witness must complete this section

WITNESS to complete

How did you (the witness) sign this document?

- on paper
 electronically

What document did you (the witness) sign?

- The same physical (paper) document that was signed in the presence of the signatory /substitute signatory
 A copy of the document that was signed by the signatory/substitute signatory (e.g a scanned copy of a paper signed document, a photocopy or printout)
 A counterpart of the document (a copy of the document without the signature of the signatory/substitute signatory)

What form of document did you (the witness) sign?

- paper
 electronic (tick this if you electronically signed the document or if you physically signed a copy of the document signed by the signatory/substitute signatory and then sent a scanned copy of that document to the signatory or other person)

How was the substitute signatory directed to sign (if applicable)?

- in person by the signatory
 over audio visual link by the signatory

Footnotes

[i] Include this statement if you electronically signed the document or if you physically signed the document over audio visual link and then sent a scanned copy of that document to the witness.

[ii] Include this statement if you or your substitute signatory electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

[iii] Include this statement if the document was made over audio visual link.

[iv] Tick this box if you electronically signed the document or if you physically signed the document and sent a scanned copy of that document to the declarant.

[v] This this box if you electronically sign the document using an accepted method under the *Oaths Act 1867*. Do not include this statement if you signed the document on paper.

[vi] Tick this box if the statutory declaration was made over audio visual link.