Information to apply to alter the register **to record a change of sex**



Registry of Births Deaths & Marriages

Births Deaths and Marriages Registration Act 1995

Eligibility

Under Part 5A of the Births, Deaths and Marriages Registration Act 1995 a person whose birth is registered in NSW and who has undergone a sex affirmation procedure can apply to the Registry to record their new sex on their birth certificate. Your new birth certificate will not be marked in any way to indicate your sex has been changed. If you have changed your name since your birth was first registered, a notation stating that your birth was 'previously registered in another name' will appear on the new certificate. Access to your old birth certificate is restricted by legislation once the change of sex has been recorded.

Instructions

1 Complete all sections

Use black ink and write in BLOCK letters.

All corrections must be initialled. Do not use white out.

2 Identification documents (ID)

- You must provide at least three (3) forms of ID, including photo ID. Overseas documents must be translated into English by a NAATI accredited translator. The Registry will not accept faxed applications or faxed identification documents.
- All photocopies of ID must be certified by an authorised witness as being true and correct copies of the originals. The following persons can certify your ID.
 - Justice of the Peace
 - Notary Public
 - Legal Practitioner (holding a current practising certificate)
 - A person authorised to administer an oath under section 26 of the Oaths Act 1900.

3 Application and Statutory Declarations

- Complete and submit all sections along with appropriate ID and payment. Incomplete applications may cause delays and be returned, or refused.
 - One (1) Application to record a change of sex,
 - Two (2) Supporting statutory declarations to register a change of sex (from 2 Australian registered medical practitioners verifying that you have undergone a sex affirmation procedure)
- An authorised witness who takes and receives a statutory declaration in NSW must confirm your identity before the declaration is made. If you have not known the authorised witness for at least 12 months, the witness must sight one identity document (original or certified copy), such as an Australian passport, Australian birth certificate, Australian or foreign driver's licence, an Australian citizenship certificate, a pension card issued by Centrelink, or an Australian Medicare card.
- A copy of a document may be certified as a true copy of the original only by a person (other than the authorised witness) authorised to take and receive statutory declarations.

4 Payment details

- The fee for registering a change of sex includes the issue of a new birth certificate.
- If you have not previously changed your name on your birth registration and wish to do so, you will also need to complete an application for register a change of name. Please contact the Registry or go to our website for the appropriate form.



How we deal with your information

Your right to privacy

The NSW Registry of Births Deaths & Marriages administers the *Births, Deaths and Marriages Registration Act 1995* (NSW). The information required on this form is collected under the provisions of this Act and forms the basis to alter the register to record a change of sex. These are part of the civil records of NSW and a permanent historical record. The public do not have access to these records.

The information held by the Registry may be used for statistical purposes and by law enforcement agencies, as well as other uses provided for by law. Such access for approved purposes may be granted to other Registries and certain government agencies (including Passport Office, Department of Immigration and Border Protection, and motor vehicle or driver licensing authorities) and to authorised non-government agencies.

To protect your privacy, the Registry requires proof of your identity. In line with the *Privacy and Personal Information Protection Act 1998*, the Registry is collecting this information so that it can determine your eligibility to apply for a change of sex and to prevent fraud.

For further information on privacy please visit our website at www.nsw.gov.au/bdm

Fees and processing times

Please call 13 77 88 for current fees and processing times or check our website at **www.nsw.gov.au/bdm**

Enquiries

Phone: 13 77 88 (Service NSW Mon-Fri 7am-7pm)

Hearing/Speech impaired

- TTY/Voice Call 133 677
- Speak and Listen 1300 555 727

Translating and Interpreting Service

TIS National 131 450

www.nsw.gov.au/bdm

Disclosure of information

When you complete this application form, understand that you have consented to the release of information provided by you, to those agencies who may be able to validate that information in support of your application.

This information may be provided to agencies including (but not limited to) other Registries of Births, Deaths & Marriages, law enforcement agencies, Department of Foreign Affairs and Trade (DFaT), Department of Home Affairs, and motor vehicle or driver licensing authorities. Usually these referrals will be to simply verify the documents or other evidence that you have provided us in making your application for a certificate. If there are discrepancies, we may require you to correct any errors with the issuing agency, before being able to process your application. It is extremely important that all your identity documents are accurate and reflect your correct identity information.

Documents provided as proof of identity may have their authenticity verified through the National Document Verification Service (DVS).

Documents issued by this office may also be verified by other organisations using DVS.

How to lodge this application

Please post your application with your identification and payment to:

NSW Registry of Births Deaths & Marriages GPO Box 30 Sydney NSW 2001

OR lodge your application in person at a Service NSW service centre **www.service.nsw.gov.au**



Identification Documents

To protect your privacy, the Registry requires proof of your identity.

- Provide at least three (3) forms of identification, one of each from categories 1, 2 and 3 or 4.
- One (1) document must include your current residential address.
- If you are unable to provide identification from categories 1 and 2, you must still provide at least three (3) forms of identification. At least two (2) of these must be from category 3.
- Photocopies of identification must be certified by an authorised witness* (see below) as true copies of the original.

Category 1	Category 3
A NSW birth certificate	 Medicare card Credit or debit card Centrelink or Department of Veterans Affairs card Security guard/ Crowd control licence Tertiary education institution ID card
	Cotorom A
Category 2	Category 4
 Category 2 Australian driver's licence Australian passport Firearms licence Foreign passport Photo ID card from motor vehicle or driver licensing authorities 	 Utility account with current NSW residential address issued within last 3 months Utility account dated more than 12 months prior to this application Rates notice Lease agreement

A Post office box is not acceptable evidence of residential address

Authorised witness

All photocopies of ID must be certified by an authorised witness as being true and correct copies of the originals. The following persons can certify your ID.

- Justice of the Peace
- Notary Public
- Legal Practitioner (holding a current practising certificate)
- A person authorised to administer an oath under Section 26 of the Oaths Act 1900.

Checklist

- Application to register change of sex.
- Two medical practitioners (Australian registered) completed supporting statutory declarations.
- Copies of certified ID attached.
- Payment details supplied.

Once you have read and understood the information above, proceed to the next page to complete your application.

Application to record a change of sex (applicant)

Under Section 32(b) of the Births, Deaths and Marriages Registration Act 1995 for persons born in the state of NSW



Office Use Only

COS NO.

False representation

If you knowingly provide false information in this application, you may be guilty of an offence under Section 57 of the *Births, Deaths and Marriages Registration Act 1995.*

Section 57 – False representation: A person who makes a representation in an application, notice or document under this Act or in response to a notice under Section 44 of this Act (Registrar's powers of inquiry), knowing the representation to be false or misleading in a material particular, is guilty of an offence.

Maximum penalty: 100 penalty units or 2 years imprisonment, or both.

Details of the person completing this application

Current name	
Family name	
First given name	Other given name(s)
Name at birth	
Family name	
First given name	Other given name(s)
Residential address	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/Territory	Postcode Country
Postal address	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/Territory	Postcode Country
Contact details	
Contact number	Email address

Application **to record a change of sex** (applicant)



Continued

Sex at birth was record	ded as Male Fem								
Date of birth	/ /	(if 'Othe	r' please specify)						
Place of birth									
Suburb/Town/City									
State/Territory	Country								
Your parents' details	5								
Parent One details									
Relationship to applic	ant Mother Pa	arent							
Family name		Family name at birth							
First given name		Other given name(s)							
Parent Two details									
Relationship to applic	ant Father Pa	arent Mother							
Family name		Family name at birth							
First given name		Other given name(s)							
-	one a sex affirmation procedure practitioners with my applicatio		edical verification by 2 Australian						
	egistrar to have my change of a w Birth Certificate as;	sex registered in acco	ordance with Section 32(B), showing my sex						
	Male Female								
I understand that the N with this application to I have read and unders is true and correct.	establish my identity and eligibility	larriages may confirm o for this change of sex t Disclosure of Informatio	r verify the validity of any document provided o be registered. n' thoroughly and that the information provided						
I certify that I have r	ead and understood the inform	ation on the previous	pages.						
Signature of applicant	×		Date signed / /						

Supporting statutory declaration (1) change of sex – verify sex affirmation procedure



Under 32B of the Births Deaths and Marriages Registration Act, 1995 for a person born in the state of NSW

False representation

If you knowingly provide false information in this statutory declaration, you may be guilty of an offence under Section 57 of the *Births, Deaths and Marriages Registration Act 1995.*

Section 57 – False representation: A person who makes a representation in an application, notice or document under this Act or in response to a notice under Section 44 of this Act (Registrar's powers of inquiry), knowing the representation to be false or misleading in a material particular, is guilty of an offence.

Maximum penalty: 100 penalty units or 2 years imprisonment, or both.

Details of medical practitioner completing this declaration

l,	
Family name	
First given name	Other given name(s)
of	
Practising address of	of medical practitioner
Company name	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/Territory	Postcode Country
Postal address of m	edical practitioner
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/Territory	Postcode Country
Contact details	
Contact number	Email address



Declare							
I am registered in Australia as a medical practitioner and my Medicare provider number is							
	[Medicare provider number]						
I have examined or performed sex affirmation surgery on							
	[current full name of applicant]						
whose identity I have confirmed from documents produced	d to me.						
I support							
[current full name of applicant]							
to register a change of sex in accordance with Section 32D of the <i>Births Deaths & Marriages Registrations Act 1995,</i> showing the sex now to be Male Female							
	e NSW Registry of Births Deaths & Marriages. The same to be true and correct and by virtue of the provisions						
Male Female This is a confidential disclosure for the exclusive use of the							

I certify that I have read and understood the declaration above, by signing in the presence of an authorised witness on the next page.

Supporting statutory declaration (1) change of sex – verify sex affirmation procedure



Continued

Declarant (medical practitioner)

[An authorised witness must witness your signature, and supply other details below]

I certify that I have read and understood the declaration on the previous pages.

Signature of medical practitioner



Authorised witness

An authorised witness who takes and receives a statutory declaration in NSW must confirm your identity before the declaration is made. If you have not known the authorised witness for at least 12 months, the authorised witness will need to sight one identity document (original or certified copy). [see page 1.]

I certify the following matters concerning the making of this statutory declaration by the person who made it: [*please cross out any text that does not apply]

- 1 *I saw the face of the person *OR* *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- 2 *I have known the person for at least 12 months *OR* *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:

[describe identification	document relied on – refer to j	page 1 "Statuto	ry Declaration"j	1			
Declared at							
In the state of				c	on (dd/mm/yyyy)	/	/
Before me (signature of authorised witness)	×						
Full name of author	sed witness (block letters)						
Contact phone numb	er of authorised witness						
Email of authorised v	vitness						
Address of authoris	ed witness						
Address Line 1							
Address Line 2							
Suburb/Town/City							
State/Territory		Postcode		Cour	ntry		
Tick correct title of	authorised witness:						
Justice of the Pea	ce Legal prac	titioner (with cu	urrent practisin	g certificate)			
Notary Public	A person a	authorised to a	dminister an oa	ath under Sec	tion 26 of the O	aths Act 19	900

Supporting statutory declaration (2) change of sex – verify sex affirmation procedure



Under 32B of the Births Deaths and Marriages Registration Act, 1995 for a person born in the state of NSW

False representation

If you knowingly provide false information in this statutory declaration, you may be guilty of an offence under Section 57 of the *Births, Deaths and Marriages Registration Act 1995.*

Section 57 – False representation: A person who makes a representation in an application, notice or document under this Act or in response to a notice under Section 44 of this Act (Registrar's powers of inquiry), knowing the representation to be false or misleading in a material particular, is guilty of an offence.

Maximum penalty: 100 penalty units or 2 years imprisonment, or both.

Details of medical practitioner completing this declaration

I,	
Family name	
First given name	Other given name(s)
of	
Practising address of	of medical practitioner
Company name	
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/Territory	Postcode Country
Postal address of m	edical practitioner
Address Line 1	
Address Line 2	
Suburb/Town/City	
State/Territory	Postcode Country
Contact details	
Contact number	Email address



Declare			
I am registe	ered in Australia as a medical practitioner and m	y Medicare provider number is	
			[Medicare provider number]
I have exan	nined or performed sex affirmation surgery on		
		[current full name of applicant]	
whose ider	ntity I have confirmed from documents produced	to me.	
Registratio	nis person has undergone sex affirmation surgery ons Act 1995, sex affirmation surgery is a surgica ried out: a. for the purpose of assisting a perso b. to correct or eliminate ambiguities relating t	al procedure involving the alteration n to be considered to be a memb	on of a person's reproductive
l support			
	[current full name of applicant]		
-	a change of sex in accordance with Section 32D o e sex now to be Male Female	of the <i>Births Deaths and Marriages</i>	Registrations Act 1995,
I make this	onfidential disclosure for the exclusive use of the solemn declaration conscientiously believing the s Act 1900.		-

I certify that I have read and understood the declaration above, by signing in the presence of an authorised witness on the next page.

Supporting statutory declaration (2) change of sex – verify sex affirmation procedure



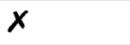
Continued

Declarant (medical practitioner)

[An authorised witness must witness your signature, and supply other details below].

I certify that I have read and understood the declaration on the previous pages.

Signature of medical practitioner



Authorised witness

An authorised witness who takes and receives a statutory declaration in NSW must confirm your identity before the declaration is made. If you have not known the authorised witness for at least 12 months, the authorised witness will need to sight one identity document (original or certified copy). [see page 1.]

I certify the following matters concerning the making of this statutory declaration by the person who made it: [*please cross out any text that does not apply]

- 1 *I saw the face of the person *OR* *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and
- 2 *I have known the person for at least 12 months *OR* *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was:

[describe identification	document relied on – refer t	to page 1 "Statuto	ry Declaration"]						
Declared at									
In the state of				on (d	d/mm/yyyy)	/	/		
Before me (signature of authorised witness)	×			JP N	JP No.				
Full name of authori	Full name of authorised witness (block letters)								
Contact phone numb	er of authorised witness								
Email of authorised w	vitness								
Address of authoris	ed witness								
Address Line 1									
Address Line 2									
Suburb/Town/City									
State/Territory		Postcode		Country					
Tick correct title of	authorised witness:								
Justice of the Pea	ce Legal pr	actitioner (with c	urrent practisin	g certificate)					
Notary Public	A perso	n authorised to a	dminister an oa	ath under Section	26 of the Oa	ths Act 190	0		

Form 19 Application to alter the Register to Record a Change of Sex.

Payment Details to Record a Change of Sex

NSW Registry of Births Deaths & Marriages ABN 30 854 211 521 GPO Box 30 Sydney NSW 2001 Tel: 13 77 88



Your certificate will be mailed to you if your application was received by post and will incur a postage and handling fee. See separate 'Fees for Products and Services' flyer. Please PRINT clearly in BLACK pen. Start at the left. Please complete all details.												
NOTE: Payment includes recording a change of sex and the purchase of ONE standard birth certificate. Please specify the quantity you wish to receive Standard birth certificate (Qty) International Registered Post Reason certificate is required (e.g. passport, driver's licence) Your relationship to the registered person (e.g. self)												
APPLICANT'S DETAILS (details of person completing this form).												
Family name	IAILS (details	of person c	completing this	torm).					of curren	t identification v	vith your a	oplication.
First given name				Other g	given na	ime(:	s)					
Company name (If applicable)							Compa (If applic	any reference	number			
Address								,	Suburb/T	own/City		
State/Territory				Po	ostcode)			Country			
Postal address (If different from above)									Suburb/T	own/City		
State/Territory				Postco					Country			
Contact number				Email a	address			if , the et live et				
Signature of applicant	X						Ident	ification, Pri	vacy & Dis	e provisions on <i>closure</i> and the led is true and	at	
DETAILS OF BIRTI	H CERTIFICA	TE REQU	RED									
Date of birth	/	/	Present age									
Names of register	red person											
Family name							-	name at birth				
First given name							Other gi	iven name(s)				
Place of birth (Suburb/Town/City)												
Parent 1 details												
Family name (Current)							-	name at birth				
First given name							Other gi	iven name(s)				
Parent 2 details Family name							Family r	name at birth				
<i>(Current)</i> First given name								ven name(s)				
J.												
PAYMENT DETAIL	S (complete tl	nis section	for mail applic	ations or	nly). Foi	r sch	edule of fe	es, see Fees	for Produc	t and Services f	lyer.	
Enclosed is a chequ	ue*/ money or	der for \$			OR ple	ase	debit my:	AMEX	/lasterCard		\$	
Card number										Credit card sur and 0.4% for N		
Name of cardholder										Expiry date		/
Signature of cardholder	X									Registry of Birth not accepted f		