

Child Change of Name by Both Parents Birth Registered in the Northern Territory

Pursuant to s24 of the *Births, Deaths and Marriages Registration Act 1996*

1. Parents/Legal Guardians must complete all pages and sign the form in front of a witness over the age of 18 years. If you do not sign the change of name application in front of a witness then it will not be registered. Original application forms must be lodged at a Births, Deaths and Marriages (BDM) counter or posted in. Please **do not** Fax or Email in application forms.
2. The child's birth certificate **must** be returned for sighting and/or cancellation. If the certificate is lost or has been destroyed; the Statutory Declaration on the last page must be completed.
3. A reason for the change of name must be provided. Statements like 'Personal', 'We want to', 'religion' or similar are **not** acceptable reasons for applying to register a change of name.
4. Evidence of identification for both parents/guardians/other interested parties **must be sighted** prior to a change of name being processed. See page three (3) for full identification requirements.
5. Parents/Legal Guardians may have the child's birth certificate noted with the new name.
6. Court Orders, proof of guardianship and other documents which may be required to accompany the name change registration must be **originals**. These documents will be returned to you after completion of the registration.

Important Information

- If you have registered a change of name for your child with any Registry in Australia within a period of **twelve (12) months**, any further applications for change of name at any Registry in Australia within that twelve (12) month period will be refused, except with the consent of the Registrar upon consideration of the applicant's reasons for the change or if your child has 3 changes of name registered whether in the NT or another Australian State or Territory or both after 31 August 2022.
- The child's consent to the change of name may also be required, unless the child is unable to understand the meaning and implications of the change of name. In the NT, if the child is 14 years of age or more then consent from the child is required.
- The signature and identification of any other person who is required to consent to the use and change of the child's name must be included with the application.
- Parents/Legal Guardians must also provide details of any previous name changes for the child.
- Legal Guardians may apply to change a child's name providing the parents of the child are deceased, cannot be found or are unable to exercise their parental responsibilities. Proof of guardianship must be produced.
- Please refer to the website www.nt.gov.au/law/bdm for the current fees. For lodgement, registration or collection of documents, or if you have any questions regarding your application, please contact one of the following offices:

DARWIN Phone (08) 8999 6119 Fax (08) 8999 6324 Office of Births, Deaths & Marriages Nichols Place Cnr of Cavenagh & Bennett Streets Darwin NT 0800 GPO Box 3021 Darwin NT 0801	PALMERSTON <i>*Friday only 8 am to 12 noon</i> Phone Darwin office on (08) 8999 6119 Palmerston Community Care Centre Palmerston Health Precinct Gurd Street, Farrar NT 0830	ALICE SPRINGS Phone (08) 8951 5338 Office of Births, Deaths & Marriages Ground Floor Centrepont Building Cnr Hartley Street & Gregory Terrace Alice Springs NT 0870 PO Box 8043 Alice Springs NT 0871
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Checklist for Child Change of Name – Birth Registered in NT

Before you lodge the application for a child's change of name, please ensure you have all of the required documentation listed below.

Tick the appropriate box to indicate what documents you are lodging.

If your child's birth is registered in the Northern Territory you must provide:

- Completed application form that is signed and witnessed by a person over 18 years
- Current Identification from both parents/guardians/other interested parties
- Birth certificate/s **or** completed statutory declaration if certificate/s are lost
- Payment
- Child's consent (if over 14 years old)
- Court Order/Proof of legal guardianship

Please Note: if you fail to meet the above requirements, your change of name may not be accepted.

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Requirement	Yes	No	Notes
Completed Application			
Birth Certificate			
ID			
Payment			
Child's Consent (if applicable)			
Court Order (if applicable)			
Guardianship (if applicable)			

Identification Requirements

All applications are to be supported by sufficient means of identification by the parents/guardians/other interested parties. Applicants must each provide a minimum of three (3) types of acceptable identification from the lists below.

Identification must include at least one (1) type of photo ID from Category A and at least two (2) types of ID from Category B.

- If applying in person, you must provide original identification documents.
- If applying by post, you must provide certified photocopies of each identity document. Do not post original documents unless it is a Birth Certificate, previous Change of Name Certificate, Court Orders or proof of guardianship.

Category A – Provide at least ONE

Passport (Australian or Overseas Issued)
 Australian Drivers Licence
 Firearms Licence
 Tertiary Student ID Card with Photo
 Australian Evidence of Age Card (18+ Card)
 Photographic ID issued by Larrakia Nation or Tangentyere Council
 Police Service ID
 Defence Force ID
 NT Ochre Card
 (Any other Photographic ID deemed by the Registrar to be sufficient)

Category B – Provide at least TWO

Australian Birth Certificate
 Australian Citizenship Certificate
 Immi Card
 Centrelink Health Care Card
 Centrelink Pension/Concession Card
 Government Employee ID
 Overseas Birth Certificate with Translation
 Medicare Card
 Credit Card/Debit Card or Passbook
 Phone Bill/Electricity Bill/Rates Notice
 Bank Statement
 Change of Name Certificate or Deed Poll
 Tax Assessment Notice
 ID Letter from an Aboriginal Community
 Student Letter of Enrolment
 NT Security ID
 (Any other evidence deemed by the Registrar to be sufficient)

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Identification Type	Category	ID Number	Where issued
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please Note: complete all sections below and print clearly in BLOCK LETTERS. Whiteout is not to be used on this form so please ensure that any corrections made are crossed out and initialled.

Applicant Details

Full Name of Applicant 1 (Parent/Legal Guardian)	Postal Address
Full Name of Applicant 2 (Parent/Legal Guardian)	Contact phone No's. Home/Work _____ Mobile _____
Full Name of Child (before change)	
Reason for name change (see Note 3 on Instruction sheet)	
Certificate to be Collected from : DARWIN <input type="checkbox"/> PALMERSTON (Friday Mornings Only) <input type="checkbox"/> ALICE SPRINGS <input type="checkbox"/> Certificate to be: POSTED <input type="checkbox"/> LAMINATED <input type="checkbox"/>	

Have you changed the child's name within the last twelve (12) months? **Yes** **No**

Have you changed the child's name more than 3 times since August 2022? **Yes** **No**

If the child has been known by and/or legally using any other name, please specify below:

Previous Surname	
Previous Given Name/s	
Country/State Name Change Registered	
Registration No. & Date (if known)	
Previous Surname	
Previous Given Name/s	
Country/State Name Change Registered	
Registration No. & Date (if known)	
Previous Surname	
Previous Given Name/s	
Country/State Name Change Registered	
Registration No. & Date (if known)	

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque / Money Order <input type="checkbox"/> *American Express / Bank Card NOT ACCEPTED
Card No. _____ Expiry Date ____ / ____ CCV _____
Card Holder Name in full (please print) _____
Signature _____ Amount \$ _____

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CON REG NO:	BCER REG NO:
APP NO:	

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Change of Name Details

Child's Previous Surname	
Child's Previous Given Name(s)	
Child's New Surname	
Child's New Given Name(s)	
Child's Surname at Birth	
Child's Given Name(s) at Birth	
Child's Date of Birth	(Day) (Month) (Year)
Sex of the Child	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Unspecified <input type="checkbox"/>
Child's Full Place of Birth	
Child's Current Residential Address	

Full Details of Parents/Legal Guardians

Full Name of Parent/Legal Guardian 1	
Current Residential Address of Parent/Legal Guardian 1	
Full Name of Parent/Legal Guardian 2	
Current Residential Address of Parent/Legal Guardian 2	
Do you want the child's Northern Territory Birth Certificate noted with the new name?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRIVACY STATEMENT

The Office of Births, Deaths & Marriages is collecting the information on a change of name form so that it can determine your eligibility to register the requested change of name and to prevent fraud. If all the information requested is not completed then the change of name may not be registered. The collection of the information is required by the Northern Territory *Births, Deaths and Marriages Registration Act 1996*. The information is recorded and preserved in the Register of Changes of Name and in appropriate cases, may be accessed by government agencies, private organisations and members of the public in accordance with the Access Policy issued under the Act. Failure to provide the information may result in incomplete registration entries and the non-issue of certificates. Your personal information provided on this form can be accessed by you on request. If you have any queries, please contact the Deputy Registrar on (08) 8999 6119.

Please Note: complete all sections below and print clearly in BLOCK LETTERS. Whiteout is not to be used on this form so please ensure that any corrections made are crossed out and initialled.

Parents/Legal Guardians Declaration

We, _____ & _____

Solemnly and sincerely declare that we:

- Understand that the NT Registry of Births, Deaths and Marriages may confirm or verify the validity of any document provided with this application in order to establish identity.
- Declare that we, the parents/legal guardians of the child, on our behalf as well as for and on behalf of the child, absolutely renounce and abandon the use of the child's old name and assume the new name in its place and declare that we and the child will at all times, in all records, deeds and instruments, in all actions, suits and proceedings, in all dealings and transactions and upon all occasions use and sign the new name as the name of the child and authorise and request all persons to designate and address the child by the new name.
- Will not seek to use the new name of the child as stated in this application form for a fraudulent or improper purpose.
- Understand that it is a punishable offence to give false or misleading information in this application or supporting documents.
- Certify that there are no prevailing court orders relating to the naming of the child and that to our knowledge and belief there are no other persons, apart from those named in this document, who would be required to consent to the change of name of the child.

This declaration is true and we know it is an offence to make a statutory declaration knowing it is false in a material particular. We make this solemn declaration by virtue of the *Oaths, Affidavits and Declarations Act 2010*, conscientiously believing the statements contained in this declaration to be true.

We also acknowledge that persons who wilfully make a false statement in any material particular are guilty of a crime and liable to imprisonment for 3 years (section 119 of the *Criminal Code Act 1983*).

Furthermore, a person who does anything to a Statutory Declaration that result in it becoming false or misleading, is liable to a penalty of a fine or imprisonment, or both (section 27 *Oaths, Affidavits and Declarations Act 2010* - Maximum penalty: 400 penalty units or imprisonment for 4 years).

Declared at _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

✍

SIGNATURE OF WITNESS:

✍

DATE: _____

FULL NAME OF WITNESS:

WITNESS PHONE NO:

SIGNATURE OF SECOND PARENT/LEGAL GUARDIAN

✍

SIGNATURE OF WITNESS:

✍

DATE: _____

FULL NAME OF WITNESS:

WITNESS PHONE NO:

NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.

NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act 2010*.

NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

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MEMORANDUM

The within Change of Name numbered _____

was registered at Darwin, Northern Territory

The _____ day of _____ 20____

Deputy Registrar of Births, Deaths & Marriages / / 20____

Please Note: complete all sections below and print clearly in BLOCK LETTERS. Whiteout is not to be used on this form so please ensure that any corrections made are crossed out and initialled.

Consent from the Other Person with an Interest – if applicable

I _____ of _____
(Full Name) (Insert address)

Being the _____ hereby consent to the change of name
of _____
(Legal Guardian/Step-parent/Person with an interest)

the child to _____
(Child's new name in full)

SIGNATURE OF LEGAL GUARDIAN/OTHER PERSON

DATE: _____

SIGNATURE OF WITNESS:

FULL NAME OF WITNESS:

WITNESS PHONE NO:

Consent from the Child – if applicable

This section must be completed if the child is over the age of 14 years.

This section need not be completed if the child is unaware of the meaning and implication of the name change.

I _____ hereby consent to the change of name described in
(Current Full Name of the Child)

this application.

SIGNATURE OF THE CHILD

DATE: _____

SIGNATURE OF WITNESS:

FULL NAME OF WITNESS:

WITNESS PHONE NO:

THE NORTHERN TERRITORY OF AUSTRALIA
STATUTORY DECLARATION

I, (1)

(1) Insert full name and address of person making the declaration

solemnly and sincerely declare (2)

(2) Insert the matter declared to either directly following the word 'declare', or if the matter is lengthy, insert the words 'as follows:' and continue with numbered paragraphs

That I have previously received a birth certificate for my child.

That I am unable to produce this birth certificate for the following reasons:

That I will return any birth certificate(s) received prior to this change of name for cancellation if located in the future.

This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular.

Declared at _____ the ____ day of _____ 20__

(3) Signature of the person making the declaration

(3)

.....

(4) Signature of the person before whom the declaration is made

Witnessed by:

(4)

.....

(5) Here insert full name of person before whom the declaration is made, legibly written, typed or stamped

(5)

.....

(6) Here insert contact address or telephone number of person before whom the declaration is made

(6)

.....

NOTE: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.

NOTE: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act 2010*.

NOTE: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.