

# Birth Registration Statement for Same Sex Parents

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## Northern Territory of Australia

*Births, Deaths and Marriages Registration Act and Regulations 1996*

FOR OFFICE USE ONLY

Registered No:

Session No:

Application No:

Please submit this **ORIGINAL ONLY**. Faxed copies or photocopies will **NOT** be accepted.

This is for registration purposes only; a Birth Certificate is **NOT** issued automatically

**The form can be hand delivered or posted to the addresses below:**

**Lodge this form at:**

**Darwin**

Registrar of Births, Deaths & Marriages  
Ground Floor Nichols Place  
Cnr Cavenagh & Bennett Streets

GPO Box 3021  
DARWIN NT 0801  
Phone: (08) 8999 6119  
Fax: (08) 8999 6324

Opening Hours: 8am - 4pm Monday to Friday

**Palmerston**

Farrar Medical Precinct  
Palmerston Community Care Centre  
Cnr Temple Terrace & Roystonea Avenue

GPO Box 3021  
DARWIN NT 0801  
Phone: (08) 8999 6119  
Fax: (08) 8999 6324

Please call the office for opening hours

**Alice Springs**

Deputy Registrar of Births, Deaths & Marriages  
Ground Floor Centre Point Building  
Cnr Gregory Terrace & Hartley Streets

PO Box 8043  
ALICE SPRINGS NT 0871  
Phone: (08) 8951 5338  
Fax: (08) 8951 5340

Opening Hours: 8am - 4pm Monday to Friday

This registration form is for Northern Territory births only. You are required by law to register the birth of your child within 60 days of the birth. Registration is free.

Registration is compulsory for all babies born in the Northern Territory. If you do not register your child's birth, you will not be able to obtain a Birth Certificate for the child.

Penalties such as a fine or imprisonment apply for failing to register a birth and for giving false or misleading information.

The child's name (surname and given names) is a matter of choice for the parents, except that the Registrar can refuse to register a name which is obscene or offensive, is unduly long, or is contrary to the public interest.

The naming of a still-born child is optional.

**Please note that a birth certificate is not issued automatically and must be applied for separately.**

### a – Child's Name

#### Surnames of Child

#### Given Names of Child

  

### b – Child's Birth Details

#### Sex of Child

Male  Female

Unspecified

#### Date of Birth of Child

 /  / 

#### If Multiple Birth, state order

(eg 1 of 2 for 1<sup>st</sup> Twin)

#### \*Birth Weight

#### \*Time of Birth

#### Was the Child Born Alive?

Yes  No

#### Place of Birth – If Born in Hospital

  

#### If Born Elsewhere – Exact Place of Birth (Full Address)

  

#### \*Is the Child of Australian Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal origin

Yes, Torres Strait Islander origin

### b – Child's Birth Details Cont.

#### Doctor(s) Present at Birth

  
  

#### Midwife(s) Present at Birth

  

#### Health Worker/Other Person(s) Present at Birth (e.g. FULL NAME(S) of Family or Friends Present)

  
  

### c – Natural Mother/First Parent Details

#### Current Surname of Mother

#### Maiden Surname (Birth Name)

#### All Given Names of Mother

#### Date of Birth of Mother

 /  / 

Age of Mother at Birth of Child  Years

#### Mother's Full Place of Birth

  

Please Note: All fields marked with an \* are for statistical purposes only. This information will **NOT** be printed on the Birth Certificate

**c – Natural Mother/First Parent Details Cont.**

\*If Born Overseas, how long have you been in Australia?

years/months

**Usual Occupation**

**Full Residential Address (Not PO Box Address)**

\*Is the Natural Mother/First Parent of Australian Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal origin

Yes, Torres Strait Islander origin

**d – Other/Second Parent Details**

**Current Surname of Other/Second Parent**

**Maiden Surname (Birth Name)**

**All Given Names of Other/Second Parent**

**Date of Birth of Other/Second Parent**

D / M / Y

Age of Other/Second Parent at Birth of Child  Years

**Full Place of Birth of Other/Second Parent**

Suburb/Town/City

State/Country

\*If Born Overseas, how long have you been in Australia?

years/months

**Usual Occupation**

**Full Residential Address (Not PO Box Address)**

\*Is the Other/second Parent of Australian Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal origin

Yes, Torres Strait Islander origin

**Specification of Parents Title on Birth Certificate**  
(Please Note: Each Parent must have a different title)

**Preferred Parentage Title of Natural Mother/First Parent**

e.g. Mother/Birth Mother/Parent

(Will default to "Mother" if left blank)

**Preferred Parentage Title of Other/Second Parent**

e.g. Other or Second Parent/Second Mother/Parent

(Will default to "Parent" if left blank)

**e – Marriage Details**

**Date of Marriage**

D / M / Y

**Full Place of Marriage**

City/State/Country

**Is this a traditional Aboriginal Marriage?**  Yes  No

Note: details unable to be verified

Following registration, if parents subsequently marry, they may apply to have their date and place of marriage included at no cost.

**f – Previous Children of this Relationship**

- Please enter details in order of birth
- Please include legally adopted children
- If deceased please enter "D" in the age column
- If not born alive please enter "SB" in age column
- If there are no previous children of this relationship, please write 'None' in the first column

Given Names Only	Sex	Date of Birth	Age

**g - \*Other Children of the Natural Mother but not of this Relationship** (This section is for statistical purposes only. This information will NOT be printed on the child's birth certificate)

- Please enter details in order of birth
- Please include legally adopted children
- If deceased please enter "D" in the age column
- If not born alive please enter "SB" in age column
- If there are no previous children of this relationship, please write 'None' in the first column

Given Names Only	Sex	Date of Birth	Age

## h – Certification by Parents

The PARENTS OF A CHILD are JOINTLY RESPONSIBLE for having the child's birth registered and BOTH MUST SIGN the Birth Registration Statement.

If only one parent has signed, an additional form should be attached explaining why the other parent was unable to sign.

### Certification by Natural Mother/First Parent

Please ensure that all details provided are correct as any changes/corrections will incur a fee. This Office is also unable to give Legal Advice.

I (Full Name of Natural Mother/First Parent)

Of (Postal Address and Postcode)

<input type="text"/>
<input type="text"/> postcode

Telephone No (Business Hours)

declare that I am the de facto partner of the Other/Second Parent and have undergone a fertilisation procedure with the consent of my de facto partner, as a result of which I became pregnant and this child was born. I hereby certify that the information on this statement is to the best of my knowledge and belief, correct for the purposes of including in the Register of Births.

Signature of Natural Mother/First Parent

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
D		M		Y

Name of Witness

(BLOCK LETTERS – Any Independent person over the age of 18)

Telephone No of Witness (Business Hours)

Signature of Witness

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
D		M		Y

If the Registrar of Births, Deaths and Marriages wishes to obtain particulars that have not been included in the Birth Registration Statement, he or she has powers under the Act to make further inquiries.

If both parents are unable to sign, this statement may be lodged by a person who has knowledge of the relevant facts. The person should state their relationship (if any) to the child.

### Certification by Other/Second Parent

Please ensure that all details provided are correct as any changes/corrections will incur a fee. This Office is also unable to give Legal Advice.

I (Full Name of Other/Second Parent)

Of (Postal Address and Postcode)

<input type="text"/>
<input type="text"/> postcode

Telephone No (Business Hours)

declare that I am the de facto partner of the Natural Mother/First Parent who underwent a fertilisation procedure with my consent, as a result of which she became pregnant and this child was born. I hereby certify that the information on this statement is to the best of my knowledge and belief, correct for the purposes of including in the Register of Births.

Signature of Other/Second Parent

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
D		M		Y

Name of Witness

(BLOCK LETTERS – Any Independent person over the age of 18)

Telephone No of Witness (Business Hours)

Signature of Witness

Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
D		M		Y

### PRIVACY STATEMENT

The Office of Births, Deaths and Marriages is collecting the information on the form so that it can be recorded and preserved in the Register of Births and in appropriate cases, may be accessed by government agencies, private organisations and members of the public. The collection of the information is required by the Northern Territory *Births, Deaths and Marriages Registration Act 1996*. The Office of Births, Deaths and Marriages usually gives some or all of this information to the Australian Bureau of Statistics and other persons or organisations who have adequate reasons for accessing the information and who meet the requirements of the *Births, Deaths and Marriages Registration Act 1996* or the Access Policy issued under the Act. Copies of the Access Policy can be obtained from the Office. Failure to provide the information may result in penalties, incomplete registration entries and the non-issue of certificates. Your personal information provided in this form can be accessed by you on request. If you have any queries please contact the Deputy Registrar on (08) 8999 6119.