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|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant details - $48.00 per certificate. See below for postage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person filling in the form | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of person filling the form | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | | |
| Postal address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Post code | | | | | | | | |  | | | | | | |
| Day time contact number | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason document is required | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship of person filling form to person in certificate. Mark with ‘X’, select one only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self | | |  | | Mother | | | | | |  | | | | | | | | Father | | | | | | | | |  | | | | | Authorised agent | | | | | | | | | | | | | |  | | | | | | |
| How would you like to receive the certificate? Mark with ‘X’, select one only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collected | | | | | |  | | | | | | Posted $13.30 | | | | | | | | | | | | | |  | | | | | | | | Laminated $3.30 | | | | | | | | | | | | |  | | | | | | |
| Complete if you require a change of name certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Old name (before change) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| New name (after change) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Place of birth | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | | |  | | | | | | |
| Year of name change | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration number and date (if known) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office use only^ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration number^ | | | | | | | |  | | | | | | | | | | | | | | | | | Application number^ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date received^ | | | | | | | |  | | | | | | | | | | | | | | | | | ID^ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Receivers signature^ | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment details (card holder details are deleted after application is processed)  American Express/bank cards not accepted | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISA | |  | | | | | MasterCard | | | | | | | | | | |  | | | | | | | | | | | Cheque/money order | | | | | | | | | | | | | | | | |  | | | | | | | |
| Card number | | | |  |  | |  | | |  | |  | | |  | | |  | |  | | |  | | | |  | |  | |  | | | |  |  | | |  | | |  | | |  | | | |  | |  | |  |
| Expiry date mm/yyyy | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | CCV | | | | | | |  | | | | | | | | | | | | | | | | | |
| Card holder name in full – please print | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount $ | | | | | | | | | |  | | | |
| Authorised agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you wish someone else to apply for a certificate on your behalf, you will need to give them written authority to do so. Identification will be required from both you as applicant, and your authorised agent. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of person giving authority | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of person giving authority | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of person who you are allowing to apply for the certificate | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate type. Mark with ‘X’, select one only | | | | | | | | | | | | | | | | | | | | | | Birth | | | | | | | |  | | Death | | | | | | | | |  | | | Marriage | | | | | | | |  | |
| For my relationship  e.g self, son, daughter, parent to be named on the certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Signed signature of person giving authority | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Dated | | | | | | |  | | | | | |
| Identification requirements | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You must 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 your NT birth certificate or previous change of name certificate.   See following page for types of acceptable identification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin/Palmerston | | | | | | | | | | | | | | | | | | | | | | | | Alice Springs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office of Births, Deaths and Marriages  Phone: 08 8999 6119  Fax: 08 8999 6324  Nichols Place, Cnr of Cavenagh and Bennett Sts, Darwin NT  GPO Box 3021, Darwin NT 0801 | | | | | | | | | | | | | | | | | | | | | | | | Office of Births, Deaths and Marriages  Phone: 08 8951 5338  Ground Floor Centrepoint Building Cnr Hartley Street and Gregory Terrace Alice Springs NT  PO Box 8043, Alice Springs NT 0871 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| nd of form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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