Example of state/territory birth registration form:

Queensland birth registration application form

Queensland Government
Department of Justice and Attorney-General

Form 1
Births, Deaths and Marriages Registration Act 2003
(Section 9)

Birth Registration Application

Please use BLOCK LETTERS and print clearly.
This application form is for Queensland births and must be completed in English.

OFFICE USE ONLY

District Code	Registration No.

*All items marked with an asterisk (*) are for statistical, administrative and community planning purposes and will not appear in the Register of Births.

1 - Child's Name

Child's first names

Child's surname

2 - Birth Details

Date of birth   /   /

Place of birth (Hospital and locality or full address if born elsewhere)

postcode

Sex (please tick)   male [ ]   female [ ]

If multiple birth, state order
(eg. 1st of twins)   of

Birth weight*   grams

Was the child born alive?* Yes [ ]   No [ ]

If not born alive,
state gestation period   weeks

Midwife, Doctor or other person present at birth*
(full name and address)

postcode

3 - Mother's Name (as at time of child's birth)

Mother's first names

Mother's surname

Maiden surname (Name before first marriage. If never married insert surname given at birth or on adoption)

4 - Mother's Details (as at time of child's birth)

Mother's date of birth*   /   /   Age   years

Place of birth (Town & State, or if born overseas Town & Country)

suburb/town

state/country

Residential address*

postcode

Usual occupation (lawyer, teacher, home duties etc.)

Is the mother of Aboriginal or Torres Strait Islander origin?*
(For person of mixed origin, tick both "Yes" boxes)

[ ] No   [ ] Yes, Aboriginal origin

[ ] Yes, Torres Strait Islander origin

5 - Father's Name (as at time of child's birth)

Father's first names

Father's surname

6 - Father's Details (as at time of child's birth)

Father's date of birth*   /   /   Age   years

Place of birth (Town & State, or if born overseas, Town & Country)

suburb/town

state/country

Residential address*

postcode

Form 1   ver.1   01/02/2004

Queensland birth registration application form (continued)

How to Register Your Child's Birth

This completed form must be given to the Registrar-General within 60 days after the birth. You can deliver it to the Registry of Births, Deaths and Marriages in Brisbane or post it to PO Box 188, Brisbane Albert Street, QLD 4002.

6 - Father's Details (continued)

Usual occupation (lawyer, teacher, home duties etc.)

Is the father of Aboriginal or Torres Strait Islander origin?*
(For person of mixed origin, tick both "Yes" boxes)

☐ No ☐ Yes, Aboriginal origin

☐ Yes, Torres Strait Islander origin

7 - Marriage Details (if applicable-father to mother of child)

Date of marriage   /   /

Place of marriage (Town & State, or if married overseas, Town & Country)

suburb/town

state/country

8 - Previous Children of this Relationship (other children of the parents' relationship born prior to the child being registered)

- Do not include a child born of the same pregnancy as the child being registered (ie. The elder twin)
- Enter in order of birth - the eldest first
- Include legally adopted children
- If deceased enter 'D' in 'Age' column
- If not born alive enter 'SB' in 'Age' column
- If no previous children of this relationship write 'None' in first column

First names in full	Date of birth*	Age
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

9 - Certification By Informants

Normally BOTH parents must apply to register their child's birth. If only one parent is to sign this application he or she must attach a statement explaining why the other parent has not signed.

If the parents are separated, or in dispute over the name of the child, both are still required to sign the Application as both have rights and responsibilities to the child, even if they are no longer in a relationship. The Registrar-General has powers under the Births, Deaths and Marriages Registration Act 2003 to make further enquiries if not satisfied with the explanation, or to find out particulars which have not been given in this statement.

I [   ] and I [   ]

Mother's full name (Please print)   Father's full name (Please print)

of [   ] of [   ]

postcode   postcode

Mother's full residential address at present   Father's full residential address at present

Telephone number (   )   Telephone number (   )

hereby apply to register our child's birth and certify that the information shown is correct for the purposes of being inserted in the Register of Births.

Signature of Mother   Signature of Father

Signature of Witness   Signature of Witness

Telephone number of Witness (   )   Telephone number of Witness (   )

Any person who knowingly makes any false statement relating to any matter to be registered is liable to imprisonment for THREE YEARS (s501, Criminal Code)