

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



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 either an Australian registered medical practitioner, or a person authorised to practice medicine by law of a jurisdiction outside of Australia.
- An **authorised witness** who takes and receives a statutory declaration 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](http://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.

### 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](http://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](http://www.nsw.gov.au/bdm)

### 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](http://www.service.nsw.gov.au)

Continued

## 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

- A NSW birth certificate

### Category 3

- Medicare card
- Credit or debit card
- Centrelink or Department of Veterans Affairs card
- Security guard/ Crowd control licence
- Tertiary education institution ID card

### Category 2

- Australian driver's licence
- Australian passport
- Firearms licence
- Foreign passport
- Photo ID card from motor vehicle or driver licensing authorities

### Category 4

- 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 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) (if different from above)

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 recorded as  Male  Female  Other

(if 'Other' please specify)

Date of birth  dd / mm / yyyy

## Place of birth

Suburb/Town/City

State/Territory

Postcode

Country

## Your parents' details

### Parent One details

Relationship to applicant  Mother  Parent

Family name

Family name at birth

First given name

Other given name(s)

### Parent Two details

Relationship to applicant  Father  Parent  Mother

Family name

Family name at birth

First given name

Other given name(s)

**I have since undergone a sex affirmation procedure for which I tender medical verification by 2 registered medical practitioners with my application.**

**I now apply to the Registrar to have my change of sex registered in accordance with Section 32(B), showing my sex registered on my new Birth Certificate as;**

Male  Female  Non-specific

I understand it is a punishable offence to give false information in this application.

I understand that the NSW Registry of Births Deaths & Marriages may confirm or verify the validity of any document provided with this application to establish my identity and eligibility for this change of sex to be registered.

I have read and understand 'Your Right To Privacy' and 'Disclosure of Information' thoroughly and that the information provided is true and correct.

Has a change of name application been lodged with this change of sex application?

Yes  No

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

Signature  
of of applicant

X

Date signed

dd / mm / yyyy

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



Under 32(b) of the Births Deaths and Marriages Registration Act, 1995  
for a person whose birth is not registered in Australia

## 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 medical practitioner

Company name

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

### Postal address of medical practitioner

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

### Contact details

Contact number

Email address

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



Continued

## Declare

I am registered in Australia as a medical practitioner and my Medicare provider number is

*[Medicare provider number]*

Or

I am a registered medical practitioner in

*[Country name]*

and my registration number is

*[Registration number]*

I have examined or performed sex affirmation surgery on

*[current full name of applicant]*

whose identity I have confirmed from documents produced to me.

I can confirm this person has undergone sex affirmation surgery as defined in Section 32A, sex affirmation surgery means a surgical procedure involving the alteration of a person's reproductive organs carried out:

- a. for the purpose of assisting a person to be considered to be a member of the opposite sex; or
- b. to correct or eliminate ambiguities relating to the sex of the person.

I support

*[current full name of applicant]*

to register a change of sex in accordance with Section 32D of the *Births Deaths & Marriages Registrations Act 1995*, showing the sex now to be

Male     Female     Non-specific

This is a confidential disclosure for the exclusive use of the NSW Registry of Births Deaths & Marriages.

I make this solemn declaration conscientiously believing the same to be true and correct and by virtue of the provisions of the *Oaths 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 (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

X

## Authorised witness

An authorised witness who takes and receives a statutory declaration 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 page 1 "Statutory Declaration"]

Declared at

In the state of

On

dd / mm / yyyy

Before me

(signature of  
authorised witness)

X

JP No.

Full name of authorised witness (block letters)

Contact phone number of authorised witness

Email of authorised witness

Address of authorised witness

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

Tick correct title of authorised witness:

Justice of the Peace

Legal Practitioner (with current practising certificate)

Notary Public

A person authorised to administer an oath under Section 26 of the *Oaths Act 1900*

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



Under 32(b) of the Births Deaths and Marriages Registration Act, 1995  
for a person whose birth is not registered in Australia

## 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 medical practitioner

Company name

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

### Postal address of medical practitioner

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

### Contact details

Contact number

Email address

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



Continued

## Declare

I am registered in Australia as a medical practitioner and my Medicare provider number is

[Medicare provider number]

Or

I am a registered medical practitioner in

[Country name]

and my registration number is

[Registration number]

I have examined or performed sex affirmation surgery on

[current full name of applicant]

whose identity I have confirmed from documents produced to me.

I can confirm this person has undergone sex affirmation surgery as defined in Section 32A, sex affirmation surgery means a surgical procedure involving the alteration of a person's reproductive organs carried out:

- a. for the purpose of assisting a person to be considered to be a member of the opposite sex; or
- b. to correct or eliminate ambiguities relating to the sex of the person.

I support

[current full name of applicant]

to register a change of sex in accordance with Section 32D of the *Births Deaths & Marriages Registrations Act 1995*, showing the sex now to be

Male     Female     Non-specific

This is a confidential disclosure for the exclusive use of the NSW Registry of Births Deaths & Marriages.

I make this solemn declaration conscientiously believing the same to be true and correct and by virtue of the provisions of the *Oaths 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

X

## Authorised witness

An authorised witness who takes and receives a statutory declaration 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 page 1 "Statutory Declaration"]

Declared at

In the state of

On

dd / mm / yyyy

Before me

(signature of  
authorised witness)

X

JP No.

Full name of authorised witness (block letters)

Contact phone number of authorised witness

Email of authorised witness

Address of authorised witness

Address Line 1

Address Line 2

Suburb/Town/City

State/Territory

Postcode

Country

Tick correct title of authorised witness:

Justice of the Peace

Legal Practitioner (with current practising certificate)

Notary Public

A person authorised to administer an oath under Section 26 of the *Oaths Act 1900*

# 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 the registration and the purchase of ONE standard recognised details certificate.

**Please specify the quantity you wish to receive**

**Standard 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). **Please provide copies of at least four (4) forms of current identification with your application.**

Family name

First given name

Other given name(s)

Company name  
(If applicable)

Company reference number  
(If applicable)

Address

Suburb/Town/City

State/Territory

Postcode

Country

Postal Address  
(If different from above)

Suburb/Town/City

State/Territory

Postcode

Country

Contact number

Email address

Signature  
of applicant

X

I certify that I understand the provisions on **Identification, Privacy & Disclosure** and that the information I have provided is true and correct.

### DETAILS OF BIRTH CERTIFICATE REQUIRED

Date of birth

dd / mm / yyyy

Present age

#### Names of registered person

Family name

Family name at birth

First given name

Other given name(s)

Place of birth  
(Suburb/Town/City)

#### Parent 1 details

Family name  
(Current)

Family name at birth

First given name

Other given name(s)

#### Parent 2 details

Family name  
(Current)

Family name at birth

First given name

Other given name(s)

**PAYMENT DETAILS** (complete this section for mail applications only). **For schedule of fees, see Fees for Product and Services flyer.**

Total Amount \$

Please debit my: AMEX  Mastercard  Visa  OR Enclosed is a cheque\*/money order

Card number

Credit card surcharge: 1.4% for AMEX and 0.4% for Mastercard and Visa

Name  
of cardholder

Expiry date mm / yyyy

Signature  
of cardholder

X

\*Cheques payable to the **NSW Registry of Births Deaths & Marriages**. Personal/company cheques are not accepted for urgent applications.