

Application for a Family History Certificate

Births Deaths and Marriages Registration Act 1995 ABN 81 913 830 179. GPO BOX 30 Sydney NSW 2001.

The application can be lodged online at: <https://www.nsw.gov.au/family-and-relationships/family-history-search>

Print clearly in **BLACK** or **BLUE** pen. Please complete all details.

Post completed application to:
GPO Box 30, SYDNEY NSW 2001

Privacy

The Registry is collecting the information in this form so that we can respond to your request. You do not have to provide your information to us but, if you do not, we will not be able to provide the service you have requested. For information about how we handle your personal information, including who we may disclose it to, see our Privacy Collection Notice, available at <https://www.nsw.gov.au/births-deaths-marriages/about-us/privacy-collection-notice>.

Details of event required *(Public records only - choose one event per application)*

Indicate the quantity you wish to receive, for example **Birth** -100 years ago or more after the event **Death** -30 years ago or more after the event **Marriage** -50 years ago or more after the event

Date of event: _____ Number in Register (if known) _____

If Date/Registration Number Unknown-Period to be searched: From _____ To _____

Note: each extra 10-year search period or part of incurs an additional fee

Name of subject

Family name
(Before marriage)

Given name(s)

Subject's spouse *(for marriage certificates only)*

Subject's mother *(Birth and death certificates only)*

Family name
(Before marriage)

Given name(s)

Subject's father *(Birth and death certificates only)*

Place of event
(Town/City)

Applicant's details *(Person completing this form)*

Your family name

Your given name(s)

Your street address

Suburb/Town/City

State/Territory

Postcode

Country

Postal address
(if different from above)

Suburb/Town/City

State/Territory

Postcode

Country

Phone Number

Email address

Payment details *(Complete this section for postal applications only.)*

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

Card number

**Make cheques payable to
 NSW Department of Customer
 Service (non Priority only)*

Cardholder's name

Expiry Date

Signature
 of cardholder

A surcharge applies to credit card payments
 at the rate of 1.4% for AMEX and 0.4% for
 Mastercard or Visa.