Statutory declaration to register a change of sex (applicant)



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

OFFICE USE ONLY	
COS NO.	

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 the person who is completing this declaration.

I,																						
,	[your full name p	resently b	eing used]																			
of																						
	[present resident	ial street a	address]					_														
Subi	urb						Sta	ite				ı	Post	cod	е							
Phor	ne number					de	eclare	l wa	s born o	on												
		(daytime	phone num	ber)						(0	dd/mm/	уууу)										
at																						
		[town wh	ere born]			[city w	here born]				[c	ountry	where	born]								
and	registered	at birt	h in the	full	name of	F																
		[your full	name at bir	th]																		
Moth	ner's name																					
		[mother's	full name]																			
Fath	er's name																					
		[father's f	full name]																			
My s	sex at birth	was r	ecorde	d as	Mal	e F	emale															
My r	marital stat	us is																				
[state	e if never maı	ried, di	ivorced (or wia	lowed – if	previously	/ marrie	d sh	ow evide	nce	of terr	mina	tion c	of pr	eviou	ıs ma	arria	ges]				
Aust	ve since un tralian regis dent of Aus	stered	medic	al pra	actitione	ers with r										-		nent				
					years			mor	nths													
	w apply to to wing my re		_		ave my c	change o	f sex r	egis	tered in	n acc	corda	ance	wit	h S	ectio	on 3	2DA	۸,				
		M	lale	Fe	male																	



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

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



Declarant (ap	plicant)				
[An authorised v	vitness mus	st witness your signat	ure, and supply other d	etails below].
I certify that I h	ave read a	and understood the	declaration on the pre	vious page	•
Signature of de	eclarant				
		[signature in current name of ap	pplicant]		
Authorised W	/itness				
identity before	the declar	ation is made. If yo	es a statutory declarat u have not known the sight one identity docu	authorised	witness for at least 12
	_	tters concerning the t any text that does n	_	ory declara	tion by the person who
	ace coveri	ing, but I am satisfie	ot see the face of the d that the person had	-	_
	but I have	confirmed the pers	nonths <i>OR</i> *I have no on's identity using an		-
	[describe identifi	cation document relied on - refer	to page 1 "Statutory Declaration"]		
DECLARED at					
in the State of				on	//
Before me	(signature of aut	horicad witness)		JP No.	
Name (BLOCK letters)	(Signature of aut	nonaca witheasy			
,	(name of authoris	sed witness)		 	
Phone number					
Address	(daytime phone i	number of authorised witness)			
	(address of author	orised witness)			
Tick correct tit	le of autho	rised witness:			
Justice of th	ne Peace	Notary Public	Legal Practitioner (with current	t practising certificate)

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

Supporting statutory declaration (1)

change of sex - verify sex affirmation procedure



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

False representation

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Details of medical practitioner completing this form

l,							
L	[full name	e of medical practitioner]					
of							
[[practisir	ng address of medical practitioner]					
Subur	rb			State		Postcode	
decla	re						
		[current full name of applicant]					
	•	ered in Australia as a m edicare Provider Numbe	•	[Medicare P	rovider Number]		
I have examined or performed sex affirmation surgery on			[current full name of applican	t]			
whose	e ider	ntity I have confirmed fr	om documents prod	duced to	me.		
		nis person has undergo urgical procedure involv		• .			on surgery
a.	for	the purpose of assisting	g a person to be co	nsidered	to be a member o	f the opposite sex;	or
b.	. to	correct or eliminate am	oiguities relating to	the sex o	f the person.		
l supp	port						
			[current full name of applican	•			
_		a change of sex in ac on Act 1995, showing		tion 32D	A of the <i>Births D</i> e	eath & Marriages	
		Male Female)				
This is	s a c	onfidential disclosure	for the exclusive u	se of the	NSW Registry of	f Births Deaths &	

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.



Declarant (m	edical practitioner	<i>-</i>)			
[An authorised v	vitness must witness	s your signature	, and supply other d	etails below]	
I certify that I h	ave read and unde	rstood the dec	laration on the pre	vious page.	
Signature of m	edical practitioner				
Authorised W	/itness				
identity before	the declaration is n	nade. If you ha	ave not known the	ion in NSW must confi authorised witness for iment (original or certi	r at least 12
	owing matters conse cross out any text			ory declaration by the	person who
wearing a f	-			person because the peasure a special justification	
12 months,	-			ot known the person for identification docume	
	[describe identification docume	ent relied on - refer to pa	ge 1 "Statutory Declaration"]		
DECLARED at					
in the State of				on//[
Before me				JP No.	
	[signature of authorised witness	s]			
Name (BLOCK letters)					
,	[name of authorised witness]			I	
Phone number					
	[daytime phone number of auth	norised witness]			
Address					
	[address of authorised witness	- street / suburb / state	/ postcode]		
Tick correct tit	le of authorised wit	iness:			
Justice of the		ary Public	Legal Practitioner (with current practising (certificate)
A person au	thorised to administ	er an oath unde	er Section 26 of the	Oaths Act 1900	

Supporting statutory declaration (2)

change of sex - verify sex affirmation procedure



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

False representation

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Details of medical practitioner completing this form

I,							
	[full name	of medical practitioner]					
of							
	[practising	g address of medical practitioner]					
Subu	ırb			State		Postcode	
decl	are						
		[current full name of applicant]					
	_	red in Australia as a me dicare Provider Number	•	[Medicare Pi	rovider Number]		
I have examined or performed sex affirmation surgery on		•	[current full name of applican	t]			
whos	se iden	tity I have confirmed fro	m documents prod	duced to	me.		
		is person has undergon rgical procedure involvi					
		the purpose of assisting correct or eliminate amb	' '			f the opposite	sex; or
Lsur	port						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[current full name of applican	t]			
	•	a change of sex in acc n Act 1995, showing t		tion 32D	A of the <i>Births D</i> o	eath & Marria	ges
		Male Female					
This	is a co	onfidential disclosure f	or the exclusive u	se of the	NSW Registry of	f Births Death	ıs &

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.



Declarant (me	edical practitioner)
[An authorised v	vitness must witness your signature, and supply other details below]
I certify that I h	nave read and understood the declaration on the previous page.
Signature of me	edical practitioner
Authorised W	/itness
identity before	witness who takes and receives a statutory declaration in NSW must confirm your the declaration is made. If you have not known the authorised witness for at least 12 thorised witness will need to sight one identity document (original or certified copy).
-	lowing matters concerning the making of this statutory declaration by the person who se cross out any text that does not apply]
wearing a f	face of the person <i>OR</i> *I did not see the face of the person because the person was face covering, but I am satisfied that the person had a special justification for not he covering, and
12 months,	wn the person for at least 12 months <i>OR</i> *I have not known the person for at least but I have confirmed the person's identity using an identification document and the I relied on was:
	[describe identification document relied on – refer to page 1 "Statutory Declaration"]
DECLARED at	
in the State of	on/
Before me	JP No.
	[signature of authorised witness]
Name (BLOCK letters)	
	[name of authorised witness]
Phone number	
A dalwa a a	[daytime phone number of authorised witness]
Address	
	[address of authorised witness – street / suburb / state / postcode]
	le of authorised witness:
Justice of th	ne Peace Notary Public Legal Practitioner (with current practising certificate)
A person au	uthorised to administer an oath under Section 26 of the Oaths Act 1900

Payment Details

to apply for a recognised details certificate



NSW Registry of Births Deaths & Marriages ABN 30 854 211 521 GPO Box 30 Sydney NSW 2001 Tel: 1300 655 236

Your certificate will be mailed to you if you application is received by post and will incur a postage and handing fee. See separate "Fee for Products and Services" flyer.

See separate "Fee for	' Pi	od	uct	s aı	nd	l Se	ervi	ces	s"	flye	r.																					
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Street Address																																
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Signature of Applicant										Daytime Phone Number																						
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