

Statutory declaration to register a change of sex (*applicant*)



Registry of Births
Deaths & Marriages
Attorney General & Justice

(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 presently being used]

of
[present residential street address]

Suburb State Postcode

Phone number declare I was born on / /
(daytime phone number) (dd/mm/yyyy)

at
[town where born] [city where born] [country where born]

and registered at birth in the full name of

[your full name at birth]

Mother's name
[mother's full name]

Father's name
[father's full name]

My sex at birth was recorded as ☐ Male ☐ Female

My marital status is

[state if never married, divorced or widowed – if previously married show evidence of termination of previous marriages]

I have since undergone a sex affirmation procedure for which I tender medical verification by 2 Australian registered medical practitioners with my application. I am an Australian citizen / permanent resident of Australia and lived in NSW for;

years months

I now apply to the Registrar to have my change of sex registered in accordance with Section 32DA, showing my registered sex as;

☐ Male ☐ Female

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 (applicant)

[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 page.

Signature of declarant

[signature in current name of applicant]

Authorised Witness

An authorised witness who takes and receives a statutory declaration in NSW 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

JP No.

(signature of authorised witness)

Name

(BLOCK letters)

(name of authorised witness)

Phone number

(daytime phone number of authorised witness)

Address

(address of authorised witness)

Tick correct title of authorised witness:

- ☐ Justice of the Peace ☐ Notary Public ☐ Legal Practitioner (with current 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



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Details of medical practitioner completing this form

I,
[full name of medical practitioner]

of
[practising address of medical practitioner]

Suburb State Postcode

declare
[current full name of applicant]

I am registered in Australia as a medical practitioner
and my Medicare Provider Number is
[Medicare Provider 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 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:

- for the purpose of assisting a person to be considered to be a member of the opposite sex; or
- 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 32DA of the *Births Death & Marriages Registration Act 1995*, showing the sex now to be

☐ Male ☐ Female

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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 (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 page.

Signature of medical practitioner

Authorised Witness

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[see page 1.]

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3. *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
4. *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

JP No.

[signature of authorised witness]

Name

(BLOCK letters)

[name of authorised witness]

Phone number

[daytime phone number of authorised witness]

Address

[address of authorised witness – street / suburb / state / postcode]

Tick correct title of authorised witness:

- ☐ Justice of the Peace ☐ Notary Public ☐ Legal Practitioner (with current practising certificate)
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Supporting statutory declaration (2) change of sex – verify sex affirmation procedure



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Suburb State Postcode

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[current full name of applicant]

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- c. for the purpose of assisting a person to be considered to be a member of the opposite sex; or
- d. 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 32DA of the *Births Death & Marriages Registration Act 1995*, showing the sex now to be

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[see page 1.]

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6. *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"]

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Name

(BLOCK letters)

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Phone number

[daytime phone number of authorised witness]

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[address of authorised witness – street / suburb / state / postcode]

Tick correct title of authorised witness:

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to apply for a recognised details certificate



See separate "Fee for Products and Services" flyer.

Please PRINT clearly in BLACK pen. Start at the left. Write one letter in each box. Leave one box between words. Please complete all details.

APPLICANT'S DETAILS (details of person completing this form). Please provide at least four (4) copies of identification with your application.

[illegible]

DETAILS OF RECOGNISED DETAILS CERTIFICATE REQUIRED

[illegible]

PAYMENT DETAILS (complete this section for mail applications only) See separate “Fees for Products and Services” flyer

[illegible]