

## **Application to Change Registered Identity Details**

ACAT file number	CD					
1. YOUR DETAILS						
<b>Name</b> (what you want us to call you; you can include a pronoun)						
Name on birth certificate (if different)						
Date of birth						
Place of birth (name of hospital or address if other place)						
Name of your school						
Telephone						
Email (we will send information to you by email)						
Your address						
2. YOUR REPRESENTATIVE (IF YOU HAVE ONE)  am the applicant's (tick one):  Parent or person with parental responsibility  Litigation Guardian. Complete and attach an Affidavit for person as Litigation Guardian and Consent and Undertaking by person to act as Litigation Guardian form (available at www.acat.gov.au).  Other (specify)						
Representative's						
Name						
Postal address						
Email						
Telephone						

### 3. TELLING YOUR PARENT/S

Read the information on page 5 and then complete the following. If you are completing this form as a representative, ACAT will talk to the applicant at the first hearing about what the law says about notifying their parents.

would be badly affect	parent, or person with parental responsibility, about your application unless you ted. ACAT may give your parent/s a copy of your application form, including some or or evidence attached to your application.
	arent/s to know about your application, or to see some or all of the documents or application, you need to tell us by ticking the box below.
	AT to tell my parent/s, or person/s with parental responsibility, about my application,
or to give them so	ome or all of the documents or evidence attached because I would be badly affected.
Tell us in the box below:	
the name of your	parent/s or the person/s who you do not want to be told about your application
<ul><li>what part/s of your</li></ul>	application form that you do not want your parent/s to know about
how you would be	e badly affected.
ACAT will not give your	application or any document/s to your parent/s until we talk to you.
	unless ACAT decides otherwise, ACAT must tell my parent/s, or person/s with parental but my application. ACAT may give my parent/s a copy of my application form, including
•	documents or evidence attached.
application form, and	blic Advocate about your application and give the Public Advocate a copy of your dany documents or evidence attached to it. ACAT will also give the Public Advocate any ith ACAT, and any evidence ACAT receives about your application.
4. YOUR PAREN	TS' CONTACT DETAILS
•	ils for each parent or person with parental responsibility for you. If required, we will use n. You can leave a section blank if you do not have this information.
PARENT 1:	
Name	
Postal address	
Email	
Telephone	

ARENT 2:				
Name				
Postal address				
Email				
Telephone				
5. WHAT ARE YOU	ASKING US TO	D DO?		
I want ACAT to give me p	ermission to apply to	Access Canbe	rra:	
A. To change m	y given name(s) on n	ny ACT birth reg	gistration.	
Given name on birth registration:				
New given name:				
B. To change th	e sex on my ACT bir	th registration.		
My sex on my ACT bir	h registration is (tick)	:		
Male F	remale	Unspecified	Intersex	Indeterminate
I want to change my	sex on my ACT birth	n registration to (	(tick):	
Male F	emale	Unspecified	Intersex	Indeterminate
	not have an ACT			ur legal sex if you live in the k, or you have changed or

/	If you ticked A, B or C in t ACAT needs to be satisfic you made this decision:	he previous section, you must complete the following questions. The law says that ed that you understand what the change means. In your own words, tell us how	
1.	Tell us your understand identity:	ng of what the change means and why the change would better reflect your gender	r
2.		es old, ACAT <b>also</b> needs to be satisfied that exceptional circumstances apply to ve lived in your preferred gender identity for some time). Tell us why you need to	
Att	<ul><li>your birth certific</li><li>a letter from a do</li></ul>	support your application. For example: ate octor, psychologist or counsellor n people in your family and/or friends about your gender identity.	
	6. YOUR SIGNAT	URE	
	Name of applicant:		
S	ignature of applicant:		
	Date:		

# INFORMATION ABOUT APPLICATION TO CHANGE REGISTERED IDENTITY DETAILS UNDER THE BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1997

#### When to use this form

If you are **under 16 years old**, use this form to apply to ACAT for permission to apply to Access Canberra to change your registered sex and/or given name/s under the *Births, Deaths and Marriages Registration Act 1997*. This Act can be found at <a href="https://www.legislation.act.gov.au">www.legislation.act.gov.au</a>. This form is also used to request ACAT's permission to apply for a recognised details certificate.

#### Applicant's representative

If you are completing this form on behalf of the applicant, please attach evidence of your authority to be a representative (such as birth certificate or court order). If you are completing this form as a Litigation Guardian for the applicant, you need to complete an Affidavit for person as Litigation Guardian and Consent and Undertaking by person to act as Litigation Guardian. These forms are available on the ACAT website (www.acat.act.gov.au).

#### Orders ACAT can make

If ACAT is satisfied that you understand the meaning of the change and that you believe the change better reflects your gender identity, ACAT must give you permission to apply to Access Canberra to change your registered identity details or to get a recognised details certificate. If ACAT gives you permission, you can apply to Access Canberra. More information can be found on the ACAT website (www.acat.gov.au).

#### Telling your parents about the application

By law, ACAT must tell your parent/s, or person/s with parental responsibility, about your application and may also give a copy of your application to them. You must tick the box on page 2 of this form to show you understand we will tell your parent/s about your application.

You can tell us that you **do not** want your parent/s to know about your application because you will be badly affected. Tell us how in the space on this form, or by attaching a separate piece of paper. The law says you are not badly affected only because a parent disagrees with your application and this makes you uncomfortable. ACAT will read what you provide and decide whether to tell your parent/s.

ACAT will not tell people about your application if it poses a risk to you or another person's health and safety. If ACAT decides to tell your parent/s about your application, before we tell your parents we will tell you first and give you a chance to stop your application.

#### Parent's consent if you are under 12 years old

If you are **under 12 years old**, at least one parent or person with parental responsibility needs to agree to you making this application.

#### What happens after you fill in your application

You can submit your application online at <a href="www.acat.act.gov.au">www.acat.act.gov.au</a>. Or you can fill out your application and give it to ACAT in person, by email or post. Our details are below.

We will contact you after we receive your application and tell you what the next steps will be. Usually, we will have a short hearing with you to make sure we have everything we need, and to discuss issues like telling your parent/s, giving documents and information to your parent/s, and what will happen next.

ACAT must give the Public Advocate a copy of your application and any documents or information you give to ACAT.

#### Support and advice

If you need help or you want to talk to someone about your application, there are people who may be able to give you support. You can find a list of people on the ACAT website. You can bring a support person or people with you to ACAT or have them with you when we call you.

#### **Contact ACAT**

Visit the ACAT website (www.acat.act.gov.au) or contact us. We are here to help.

Telephone: Email: Post: Street address:

02 6207 7426 tribunal@act.gov.au GPO Box 370 Canberra ACT 2601 ACT Civil and Administrative Tribunal Level 4, 1 Moore Street Canberra City

ACT 2601