Registry of Births, Deaths and Marriages Victoria

**Application to change a record of sex:**

**Child born in Victoria**

Parent/guardian statutory declaration

Births, Deaths and Marriages Registration Act 1996

**Who must complete this statutory declaration?**

**Each parent or guardian applying** must complete one of these statutory declarations.

**Instructions**

1. Complete the Declaration section below. **Don’t** sign it yet.
2. Find a person authorised to witness a statutory declaration. Ask them to fill out the ‘Witness details’ section.
3. You must say aloud, in front of the witness:

“I, (full name) of (address), declare that the contents of this statutory declaration are true and correct.”

1. Sign the declaration in front of the witness.

For information about who can be an authorised witness, visit <https://www.justice.vic.gov.au/statdecs>.

# Declaration

|  |  |
| --- | --- |
| I (full name) |       |
| of (address) |       |
| and (occupation) |       |

make the following statutory declaration under the Oaths and Affirmations Act 2018:

* The child’s birth is registered in Victoria
* The child consents to their record of sex being changed to the one nominated in this application
* I believe the change of record of sex is in the child’s best interests
* The child’s record of sex has not been changed in the last 12 months.

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

## Say the declaration out loud

In front of the witness, you must say:

"I, (your full name) of (your address), declare that the contents of this statutory declaration are true and correct."

You may now sign the declaration in the presence of the witness.

## Parent/guardian signature

**Signature of person making the declaration**(in the presence of a qualified witness)

Please sign. (Do not type.)

|  |  |
| --- | --- |
| Declared at (place): |       |
| In (state or territory) |       |
| Date (in the format DD/MM/YYYY) |       |

# Witness

## Witness signature

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration.

**Signature of witness**

Please sign. (Do not type.)

|  |  |
| --- | --- |
| Date (in the format DD/MM/YYYY) |       |

## Witness details

|  |  |
| --- | --- |
| Family name (surname) |       |
| Given name (first name) |       |
| Other given name(s) (middle names) |       |

### Personal or professional address of witness

|  |  |
| --- | --- |
| Street number and name |       |
| Suburb/town |       |
| State |       |
| Postcode |       |
| Country |       |
| Phone number |       |
| Email address |       |
| Qualification of witness |       |

A person authorised under section 30(2) of the Oaths and Affirmations Act 2018 to witness the signing of a statutory declaration.