



DEPARTMENT OF
THE ATTORNEY-GENERAL AND JUSTICE

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NORTHERN TERRITORY OFFICE OF THE REGISTRAR OF BIRTHS, DEATHS AND MARRIAGES
APPLICATION FOR BIRTH, DEATH OR MARRIAGE CERTIFICATE

Certificate Required to be: **Certified Copy**
(gives details of child, mother, father etc)

Extract *(specify if more than one)*
(gives only child's name, date and place of birth)

APPLICANT DETAILS (Please use BLOCK LETTERS)

\$26.00 PER CERTIFICATE – POSTAGE SEE BELOW

Name of Person filling in form / Applicants Name		SIGN HERE (Person filling in form)	
Postal Address		Postcode	Date / / Daytime telephone No.
Reason document is required		Relationship of Person filling form to person named in certificate (eg. self; mother; father; authorised agent)	
Certificate is to be: COLLECTED <input type="checkbox"/>		POSTED \$12.30 <input type="checkbox"/>	TNT EXPRESS \$25.00 <input type="checkbox"/> LAMINATING SERVICE \$3.30 <input type="checkbox"/>

PLEASE COMPLETE IF YOU REQUIRE A BIRTH CERTIFICATE (Identification must accompany all applications- see over)

SURNAME	
GIVEN NAMES	
DATE OF BIRTH	
PLACE OF BIRTH	STATE:
MOTHER'S GIVEN NAMES	
MOTHER'S MAIDEN SURNAME	
FATHER'S GIVEN NAMES	
FATHER'S SURNAME	

PLEASE COMPLETE IF YOU REQUIRE A DEATH CERTIFICATE –INDICATE IF YOU REQUIRE THE CAUSE OF DEATH

SURNAME OF DECEASED	
GIVEN NAMES OF DECEASED	
DATE OF DEATH	
PLACE OF DEATH	STATE:

OFFICE USE ONLY	
REG NO	
REG NO	
REG NO	
APPLICATION NO	

PLEASE COMPLETE IF YOU REQUIRE A MARRIAGE CERTIFICATE

SURNAME OF GROOM	
GIVEN NAMES OF GROOM	
MAIDEN SURNAME OF BRIDE	
GIVEN NAMES OF BRIDE	
DATE OF MARRIAGE	
PLACE OF MARRIAGE	STATE:

DATE RECEIVED	
RECEIVER (SIGNATURE)	
ID:	

Visa <input type="radio"/> MasterCard <input type="radio"/> Cheque / Money Order <input type="radio"/>
Card No _____ Expiry Date ____ / ____
Card Holder Name (print) _____ Signature _____ Amount \$ _____
American Express / Bank Card NOT ACCEPTED

The Registrar
Births, Deaths & Marriages
GPO Box 3021, Darwin NT 0801
Ph: (08) 8999 6119
Fx: (08) 8999 6324

Nichols Place
cnr Cavenagh & Bennett St
Darwin NT 0800
Palmerston Community Care Centre
Palmerston Health Precinct on Gurd Street
Fridays 8.00am to 12.00pm

The Registrar
Births, Deaths & Marriages
PO Box 8043
Alice Springs NT 0871
Ph: (08) 8951 5339
Fx: (08) 8951 5340

Centre Point Building
Gregory Terrace
Alice Springs NT 0870

I.D. NOTICE FOR NORTHERN TERRITORY

It is now a requirement that all applications are supported by sufficient means of identification, therefore every person applying for either a birth, death, marriage or change of name certificate must produce I.D.

Evidence confirming identity may be in the following form:

Primary Source Acceptable By Themselves

- * Current Drivers Licence
- * Defence Force ID
- * NT Ochre Card
- * Current Passport
- * Police Service ID
- * Evidence of age cards

Secondary Source Can Be Any TWO Of The Following

- * Medicare Card
- * Overseas Passport
- * Citizenship / Immigration papers
- * Student Photo ID
- * Interstate Driver's Licence
- * NT Security ID
- * ID Letter from Aboriginal Community
- * Larrakia Nation ID Card
- * Other evidence deemed by the Deputy Registrar to be sufficient
- * Taxation Assessment Notice
- * Pensioner Card / Health Care Card
- * Credit Card / Key Card / Passbook
- * Bank Statement
- * Phone Bill / Electricity Bill / Rates
- * Student ID Card or Letter of Enrolment
- * Expired Driver's Licence - Last 2 Years

Please note that access to Births, Deaths & Marriages records may be denied if a person is unable to or refuses to produce some sort of I.D.

PLEASE NOTE: If posting or faxing an application, the identification must be certified as a true copy by a Justice of the Peace, Commissioner for Oaths or other qualified person.

AUTHORISED AGENT

If you wish someone else to apply for a certificate on your behalf you will need to give them written authority to do so.

Identification will be required from **both you as applicant, and your authorised agent.**

I, _____
(Insert full name of person giving authority)

Of _____
(Insert address of person giving authority)

Hereby authorise _____
(Insert name of person who you are allowing to apply for the certificate)

To apply for a _____ certificate
(birth / death / marriage / change of name / no record)

For my _____
(Insert your relationship to the person named on the certificate - e.g. self / son / daughter / parent)

Signed: _____ Dated: _____
(signature of person giving authority)