Natural disaster replacement certificates

Birth, marriage or change of name certificate

Births, Deaths and Marriages

Who can apply

You and your immediate family can apply for free replacement birth, marriage and change of name certificates if you have been affected by a natural disaster.

Free replacement certificates are restricted to documents for you and your immediate family.

How to apply

You will need to attend a Relief/Recovery Centre to obtain a Recovery Card confirming you have suffered loss or damage as a result of a natural disaster.

You will need to attach a copy of the Recovery Card.

You will also need to provide identification documents with your application. If you don't have any identification documents, call Births, Deaths and Marriages on 131 882.

Identification (ID)

You must provide:

TWO documents from list 1; or
ONE document from list 1 and ONE document
from either list 2 or 3; or
ONE document from list 2 and TWO documents
from either list 1 or 3; or
THREE documents from list 3.

At least one document must show name and address and one document must show signature.

List 1

- Australian passport
- Australian driver's licence (front and back)
- · Centrelink concession card

List 2

- Government employee photo ID card
- · Overseas driver's licence
- Tertiary student ID card
- Overseas passport
- · Aviation/maritime security ID card
- Medicare card
- Australian firearms licence
- Security guard/crowd control licence

List 3

- · Bank statement
- Council rates notice
- Utility account (electricity, gas, water)
- Proof of age card
- · Tenancy or lease agreement
- Motor vehicle registration papers
- Telephone/mobile account
- ATO notice of assessment
- Mortgage documents
- Australian Electoral Commission enrolment
- Seniors card
- Superannuation fund statement
- Certified academic university transcript
- · Credit/debit card

Lodge your application

By post

Births, Deaths and Marriages GPO Box 1351, Adelaide SA 5001

In person

Consumer and Business Services
4-6 Chesser Street, Adelaide SA 5000



| Please print cle | arly | | | | |
|-----------------------------------|--|---------------|------------------------------|-----------------------------|-----------------|
| | Which type of certificate d | o you requ | uire? (please tick) | | |
| Adult one | Birth Certificate | Mar | riage Certificate | Change of N | Name |
| Current surname | | | Given name(s) | | |
| Registered surname | | | Given name(s) | | |
| Daytime Contact phone no. | | | Email address | | |
| *Address (to mail certificate) | | | | | Postcode |
| *Note: If you do not h | ave an address that certificates may i | be mailed to, | BDM will contact you | to establish an alternative | 9. |
| Date of birth | Day Month Ye | ear | Date of name change (if any) | Day / | Month Year / |
| Place of birth (Town or suburb) | | | State of birth | | |
| Father's surname | | | Father's given name(s) | | |
| Mother's maiden surname | | | Mother's given name(s) | | |
| | | | | | |
| Please complete | the details below if you are | | for a replacemen | | |
| Date of marriage | Day Month Y / / | 'ear | Place of marriage | Town or Sub | urb State |
| Groom's surname | | | Groom's given name(s) | | |
| Bride's surname | | | Bride's given name(s) | | |
| | | | | | |
| | Which type of certificate do | you requi | re? (please tick) | | |
| Adult two | Birth Certificate Change of Name | | | | |
| Registered surname | | | Given name(s) | | |
| Date of birth | Day Month Yea | ar | Date of name change (if any) | Day M | Month Year / |
| Place of birth (Town or suburb) | | | State of birth | | |
| Father's surname | | | Father's given name(s) | | |
| Mother's maiden surname | | | Mother's given name(s) | | |

Please print clearly

| Child one | Birth Certificate | | | |
|--------------------|-----------------------|----------------|----------------|-------|
| Date of birth | Day Month Year / / | Place of birth | Town or Suburb | State |
| Registered surname | | Given name(s) | | |

| Child two | Birth Certificate | | | |
|--------------------|-----------------------|----------------|----------------|-------|
| Date of birth | Day Month Year / / | Place of birth | Town or Suburb | State |
| Registered surname | | Given name(s) | | |

| Child three | Birth Certificate | | | |
|--------------------|-----------------------|----------------|----------------|-------|
| Date of birth | Day Month Year / / | Place of birth | Town or Suburb | State |
| Registered surname | | Given name(s) | | |

Note: If you have more than three children that need a replacement certificate, attach a separate sheet with their details.

I declare that:

- I am a victim of a natural disaster;
- the information provided in this form is true and correct.

I understand that:

- giving false and misleading information is a serious offence.
- by providing these details I consent to the use and disclosure of information to assist in obtaining the requested documents.

| Adult one signature | Date | Adult two signature (if applicable) | Date |
|---------------------|------|-------------------------------------|------|
| | 1 1 | | 1 1 |