



# Uncertified copy of birth/death/marriage record

Registry of Births, Deaths & Marriages 141 St Georges Terrace, Perth or PO Box 7720 Cloisters Square, Perth 6850

**PAYMENT DETAILS OVER THE PAGE – you MUST return pages 1 & 2 if applying via mail**

ABN: 70 598 519 443

**UNCERTIFIED COPY OF A RECORD \$20.00 (Births 100 years or more, Marriages 75 years or more & Deaths 1983 back)**

This application is for historical records where an uncertified copy of the scanned registration is produced for a reduced fee

**An uncertified copy cannot be used for official purpose. Only available at the Perth Registry Office.**

Due to the age of the records, image quality cannot be guaranteed. These documents are either handwritten or typed.

Turnaround time up to 15 days. Priority fee is not available for this service

## Applicant's details

Applicant's name			
Postal address			Postcode
Reason document required		How are you related to this person?	
<b>Declaration:</b> I declare that the information I have provided is true and correct. I understand that the WA Registry of Births, Deaths and Marriages may make enquiries with any organisation or individual to verify the identity documents provided with this application.			
Signature		Daytime phone number	

## Birth

Surname at birth			Given name(s)	
Any other surname used				Male <input type="checkbox"/> OR Female <input type="checkbox"/>
Date of birth	Day	Month	Year	Present age
	/	/	/	
Place of birth <i>Suburb/Town/City</i>			Registration No. (if known)	
Father's name	Surname		Given name(s)	
Mother's name	Maiden surname		Given name(s)	

## Death

Surname			Given name(s)	
Date of death	Day	Month	Year	Age at death
	/	/	/	
Any other surname used			Name of spouse	
Place of birth <i>Suburb/Town/City</i>			Registration No. (if known)	
Father's name	Surname		Given name(s)	
Mother's name	Maiden surname		Given name(s)	

## Marriage

Bridegroom's Name	Surname		Given name(s)	
Bride's name	Surname at time of marriage		Given name(s)	
Date of marriage	Day	Month	Year	
	/	/	/	
Place of marriage <i>Suburb/Town/City</i>			Registration No. (if known)	

**Family history birth, death or marriage certificate application instructions**

<p><b><u>HOW TO APPLY</u></b></p> <p><b>POST</b> the completed form and this page with completed payment details to: Registry of Births, Deaths &amp; Marriages PO Box 7720 Cloisters Square, PERTH WA 6850</p> <p><b>BRING</b> the completed form to: Registry of Births, Deaths &amp; Marriages Level 10, 141 St Georges Terrace Perth between 8.30 am and 4.30 pm, Monday to Friday <i>(To avoid the usual busy times please consider visiting the Perth Registry between 8.30am - 10am or 2pm - 4pm).</i></p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• <b>This product is only available from the Perth Registry Office.</b></li> <li>• <b>Faxed or emailed applications will not be accepted.</b></li> </ul>	<p><b><u>CERTIFICATE APPLICATION PROCESSING TIME</u></b></p> <p>Please allow up to 15 working days plus regular postal delivery time</p> <p><b><u>FEE</u></b> <i>(Subject to change without further notice)</i></p> <p>UNCERTIFIED COPY OF BIRTH, DEATH OR MARRIAGE RECORD <b>(not for official purpose)</b> Priority fee is not offered for this service. .... \$20.00</p> <p><i>(No GST is payable on these certificates) (Fee includes regular postal delivery)</i></p> <p><b><u>FURTHER INFORMATION</u></b></p> <p>For further information, please call 1300 305 021 between 8.30am and 4.30pm, Monday to Friday or visit our website at <a href="http://www.bdm.dotag.wa.gov.au">www.bdm.dotag.wa.gov.au</a>.</p>
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**PAYMENT DETAILS** – *If applying for more than one certificate only complete payment details on one form*

*Please return this page with your application.*

**Applicant's Full Name:**

Enclosed is a cheque/money order* for \$						<b>OR</b>	Debit my						MasterCard	<input type="checkbox"/>	or	Visa	<input type="checkbox"/>	for \$					
* Your cheque or money order should be made payable to the "Registry of Births, Deaths and Marriages"																							
Card No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Name of Cardholder												Signature of cardholder											