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| <p>To be inserted by Court</p> <p>Case Number:</p> <p>Date Filed:</p> <p>FDN:</p> |
| <p>Hearing Date and Time:</p> <p>Hearing Location:</p> |

ORIGINATING APPLICATION

MAGISTRATES COURT OF SOUTH AUSTRALIA
CIVIL JURISDICTION

Please specify the Full Name including capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable) for each party. Each party should include a party number if more than one party of the same type.

First Applicant

First Respondent

Registrar of Births, Deaths and Marriages

First Interested Party

| | | | | |
|--|--|-----------|----------|---------|
| Applicant | Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)) | | | |
| Name of law firm / solicitor If any | Law Firm | Solicitor | | |
| Address for service | Street Address (including unit or level number and name of property if required) | | | |
| | City/town/suburb | State | Postcode | Country |
| | Email address | | | |
| Phone Details | Type - Number | | | |

Duplicate panel if multiple Applicants

| | | | | |
|------------|--|-------|----------|---------|
| Respondent | Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)) | | | |
| Address | Street Address (including unit or level number and name of property if required) | | | |
| | City/town/suburb | State | Postcode | Country |
| | Email address | | | |

| | |
|---------------|--|
| Phone Details | Type - Number |
| Service | [.....] Sheriff service requested for this Respondent If requested mark with an 'x' |

Duplicate panel if multiple Respondents

| | | | | |
|------------------|---|-------|----------|-----------|
| Interested Party | The Registrar of Births, Deaths and Marriages Full Name (including Also Known as, capacity (eg Administrator, Liquidator, Trustee) and Litigation Guardian Name (if applicable)) | | | |
| Address | Consumer and Business Services Births, Deaths and Marriages Level 2, 95 Grenfell Street Street Address (including unit or level number and name of property if required) | | | |
| | Adelaide | SA | 5000 | Australia |
| | City/town/suburb | State | Postcode | Country |
| | registrations.bdm@agd.sa.gov.au Email address | | | |
| Service | Automatic email service by the Court | | | |

Duplicate panel if multiple Interested Parties

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| <p>Application Details Mark appropriate sections below with an 'x'</p> <p>Matter Type:</p> <p>This Application is for:</p> <p>[.....] registering a Birth.</p> <p>[.....] adding registrable information of [.....] the Birth. [.....] the Parents.</p> <p>[.....] correcting registrable information about [.....] the Birth. [.....] the Parents.</p> <p>Details of the Application</p> <p>This Application is made under section 19 of the Births, Deaths and Marriages Registration Act 1996.</p> <p>The Child's Details</p> <p>The Child's Name is <i>[name]</i>.</p> <p>The Child's Date of Birth is <i>[date]</i>.</p> <p>The Child's Place of Birth is <i>[place]</i>.</p> <p>The Child's Previous Name (if any) is <i>[name]</i>.</p> <p>If the Child's birth certificate was impracticable to obtain, state reasons why:</p> <p>The Applicant's Details</p> <p>The Applicant's Relationship to the Child:</p> <p>[.....] Mother [.....] Father [.....] Co-Parent</p> |
|---|

[.....] Other
If other

Relationship to the Child:

The Respondent's Details

The Respondent's Relationship to the Child:

[.....] Mother
[.....] Father
[.....] Co-Parent
[.....] Other

If other

Relationship to the Child:

Parents' Details

If the identity of a parent is unknown, this must be addressed in the supporting affidavit.

If the Address for Service of a Respondent is unknown, you must state what steps you have taken to try to locate the Respondent in the supporting affidavit.

This Application is made on the grounds set out in the accompanying affidavit sworn
by [full name] on the day of 20 .

To the other parties: WARNING

This Application will be considered at the hearing at the date and time set out at the top of this document.

If you wish to oppose the Application or make submissions about it:

- you **must attend the hearing** and
- you **must file and serve on all parties a Response at least 14 days before the hearing date** and
- if you wish to rely on any facts in addition to or contrary to those relied on by the party seeking the orders you **must file and serve on all parties an Affidavit at least 14 days before the hearing date.**

If you do not do so, the Court may proceed in your absence and orders may be made **finally determining** this proceeding (including as to costs) without further warning.

For instructions on how to file a response to an application and how to obtain access to the file, visit <https://courtsa.courts.sa.gov.au/?g=node/482>.

Service

The party filing this document is required to serve it on all other parties in accordance with the Rules of Court.

The Court will serve a copy of this application on the Registrar of Births Deaths and Marriages and the Applicant is not required to do so.

Accompanying Documents

Mark appropriate sections below with an 'x'

Accompanying service of this Application is a:

[.....] Multilingual Notice (mandatory)
[.....] Supporting Affidavit (mandatory) (must be filed and served)
[.....] Child's Birth Certificate (mandatory if available) (must be filed and served)
[.....] Notice to Respondent Served Interstate (mandatory if address of the respondent or interested party to be served is interstate)
[.....] Notice to Respondent Served in New Zealand (mandatory if address of the party to be served is in New Zealand)

[.....] Notice to Respondent Served outside Australia (mandatory if address of the party to be served is outside Australia but not in New Zealand)

[.....] If other additional document(s) please list them below: