

## Application for a Family History Certificate

NSW Registry of Births, Deaths &amp; Marriages (ABN 30 854 211 521)

The application can be lodged online at: [www.nsw.gov.au/family-and-relationships/family-history-search](http://www.nsw.gov.au/family-and-relationships/family-history-search)Print clearly in **BLACK** or **BLUE** pen. Please complete all details. Post completed application to: GPO Box 30, SYDNEY NSW 2001**Privacy**

The Registry is collecting the information in this form so that we can respond to your request. You do not have to provide your information to us but, if you do not, we will not be able to provide the service you have requested. For information about how we handle your personal information, including who we may disclose it to, see our [Privacy Collection Notice](#), available at [www.nsw.gov.au/births-deaths-marriages/about-us/privacy-collection-notice](http://www.nsw.gov.au/births-deaths-marriages/about-us/privacy-collection-notice).

**Details of event required** (Public records only – choose one event per application)Indicate the quantity you wish to receive, for example 
**Birth** 100 years ago or more after the event      **Death** 30 years ago or more after the event      **Marriage** 50 years ago or more after the event

Date of event: \_\_\_\_\_ Number in Register (if known) \_\_\_\_\_

 If Date/Registration Number Unknown – Period to be searched: From \_\_\_\_\_ To \_\_\_\_\_  
*Note: each extra 10-year search period or part of incurs an additional fee*
**Name of subject****Subject's spouse** (for marriage certificates only)Family name  
(Before marriage)

Given name(s)

**Subject's mother** (Birth and death certificates only)**Subject's father** (Birth and death certificates only)Family name  
(Before marriage)

Given name(s)

Place of event  
(Town/City)**Applicant's details** (Person completing this form)

Your family name

Your given name(s)

Your street address

Suburb/Town/City

State/Territory

Postcode

Country

Postal address  
(if different from above)

Suburb/Town/City

State/Territory

Postcode

Country

Phone Number

Email address

**Payment details** (Complete this section for postal applications only.)

Total Amount      \$

Please debit my: AMEX

Mastercard

Visa

Contact Service NSW on 13 77 88 to discuss alternate payment methods if required

Card number

Cardholder's name

Expiry Date

Signature  
of cardholder