



Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity

CLEARLY PRINT OR TYPE INFORMATION. To make the change(s) indicated below, a signature is required in the presence of a Notary Public. The cost for a certified birth certificate is \$15. Each additional copy requested at the time of application is \$6.00.

APPLICANT INFORMATION:

- 1. Applicant current legal name: _____
(First) (Middle) (Last)
- 2. Address of applicant: _____
(Street and Number) (City or Town) (State/Country) (ZIP)
- 3. Mailing Address if different: _____
(Street and Number) (City or Town) (State/Country) (ZIP)
- 4. Telephone: _____ 5. Email of applicant: _____
- 6. Applicant's relationship to registrant: _____

REGISTRANT INFORMATION ON THE RECORD TO BE AMENDED:

- 7. Full name as it appears on birth record: _____
(First) (Middle) (Last)
- 8. Date of birth: _____ 9. Sex as it appears on the record: _____ 10. Town/City of birth: _____
(MM/DD/YYYY) (M or F)
- 11. Mother/Parent full name on registrant's birth record: _____
(First) (Middle) (Last name at mother's/parent's birth)
- 12. Father/Parent full name on registrant's birth record: _____
(First) (Middle) (Last name at father's/parent's birth)

I am requesting that:

<input type="checkbox"/> the legal name on the birth certificate identified above be changed	
Name as it now appears: _____ (First) (Middle) (Other Middle)	
Name as it should appear: _____ (First) (Middle) (Other Middle)	
<input type="checkbox"/> the sex on the birth certificate identified above be changed	
Sex currently shown on record: <input type="checkbox"/> M (Male) <input type="checkbox"/> F (Female) <input type="checkbox"/> U (Undetermined)	Sex as it should appear: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-binary)

Applicant:

Sign your name ONLY in the presence of a Notary Public. Applicant must be the registrant.

Attestation:

I attest that this request is for the purpose of affirming my/the registrant's gender identity which is different than the sex shown on the current birth certificate.

► Signature of Applicant: _____

► Signature of Notary: _____

My commission expires: _____

Subscribed to before me on this ___ day of ___ 20___ State/County of _____

Seal/Stamp