



Application to Change the Name and/or Sex of a Minor 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: Applicant(s) must be a parent or legal guardian of the registrant.

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

REGISTRANT: Registrant's information as it appears on the birth record.

7. Registrant's name: _____
(First) (Middle) (Last)
8. Date of birth: _____ 9. Sex as it appears on the record: _____ 10. City/Town 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)

Please indicate the changes to be applied:

<input type="checkbox"/> The legal name on the birth certificate identified above shall be changed to:		
First:	Middle:	Other Middle
<input type="checkbox"/> The sex/gender on the birth certificate identified above be changed to: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-binary)		

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

PARENTS	STATEMENT OF PARENTS: We affirm, under penalty of perjury, that I/we are the parent(s) or legal guardian(s) of the registrant.			
	Signature of Mother/Parent	Date Signed (mm/dd/yyyy)	Signature of Father/Parent	Date Signed (mm/dd/yyyy)
NOTARY PUBLIC	<i>The above individual(s) have personally appeared before me and made oath to the truth of the statement.</i>			
	State of: _____		State of: _____	
	County of: _____		County of: _____	
	Date Signed (mm/dd/yyyy): _____		Date Signed (mm/dd/yyyy): _____	
	Commission Expiration Date: _____		Commission Expiration Date: _____	
Signature of Notary Public		Signature of Notary Public		

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.