NYS Birth Certificate Correction Checklist

To change the name & gender on a New York State-issued birth certificate, assemble the following. Corrections take 2-4 weeks.

- Certified copy of your name change order.
- Notarized Affidavit of Gender Error (you must sign this in front of a notary public). Presently, transgender people must be at least age 18 to correct the sex on their birth certificate.
- Notarized Affidavit from Medical Provider.
- Application for Correction of Certificate of Birth (DOH-297). See our sample form for how to fill it out.
  - Fill out the very top portion with your old name, your parent’s names, date of birth, place of birth & the requested birth certificate numbers so that they can identify your birth certificate.
  - In the “item in error” section, list “child’s sex” and then male or female as appropriate.
  - If you are also changing your name, simply include a certified copy of the name change order. Do not list the name as an item to be corrected.
  - Fill in your address so that they know where to mail the corrected birth certificate.
- If you want rush shipment, you can include an overnight mail envelope addressed to yourself. The department will try to expedite your processing if you send the overnight envelope.

For people changing the name only, simply send a cover letter (be sure to include your address) requesting the change along with a certified copy of the name change order.

There is no fee for one copy. Extra copies are $30 (check or money order payable to New York State Department of Health).

Mail your documents to:

NYS Department of Health
Vital Records Amendment Unit
PO Box 2602
Albany, NY 12220-2602

Questions? Call Vital Records 1-855-322-1022, press 4
I, ________________________________________, being duly sworn, hereby depose and says:

(Print Old Name)

1. I am at least 18 years of age.

2. I submit this affidavit in connection with the Application for Correction of Certificate of Birth.

3. I believe that the gender assigned to me at birth was incorrect.

4. I am seeking to have my gender designation on my birth certificate corrected.

5. I have been living in my corrected gender immediately preceding this application.

6. I am not currently incarcerated, however, if I am I have submitted the required documentation regarding my criminal history.

7. I am not currently under community supervision, however, if I am I have submitted the required documentation regarding my criminal history.

8. I declare under penalty of perjury that the foregoing is true and correct.

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<th>Date</th>
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NYS Birth Certificate Correction: Provider Instructions

The affidavit below is sufficient to correct the sex designation on a New York State birth certificate. New York State does not require any particular medical treatment (such as hormones or surgery) in order to make this correction.

- **Print on letterhead.** The affidavit must be printed on letterhead of the physician (MD or DO) or nurse practitioner or physician assistant, licensed in the United States, including address and telephone number.

- **Get it notarized.** The form must be signed in front of a notary even if signed by a doctor.

- **Mail the original,** signed document to the patient. Electronic copies are not accepted.

- Consider providing two original copies. If completed by an MD or a DO, the affidavit can also be used to correct the sex designation on a U.S. passport, U.S. immigration documents, or Social Security records.

Questions? Email info@transcendlegal.org or call (347) 612-4312.

**What if I don’t have a notary public on staff?**
If there is no notary public in your office or nearby, consider taking the letter to your bank. There are also traveling notaries who will come to your office for a fee.
State of ________________, County of ________________ ss.:

I, ________________________________ (medical provider’s name), am the medical provider of ________________________________ (patient’s new name) a/k/a ________________________________ (name on patient’s current birth certificate) with whom I have a doctor/patient relationship and whom I have treated.

This patient has undergone appropriate clinical treatment for a person diagnosed with Gender Dysphoria as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders. This patient has had appropriate clinical treatment for gender transition to the new gender of: female / male (circle one).

I am making my findings upon independent and unbiased review and evaluation, and I am not related to the applicant. I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

License number and jurisdiction: ________________________________

__________________________________________________________

Signature                                                      Date

__________________________________________________________

Printed Name and Title

Sworn to before me this

____ day of _________________, 20__.

__________________________________________________________

Notary Public
APPLICATION FOR CORRECTION OF CERTIFICATE OF BIRTH

RE: INFANT - Name as it appears on the birth certificate
DATE OF BIRTH - 01/12/1985
PLACE OF BIRTH - Mineola, NY
FATHER’S NAME - Father’s name on the birth certificate
MOTHER’S NAME - Mother's maiden name on the birth certificate

Please correct the certificate of birth identified above, as follows:

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<th>ITEM IN ERROR (Or Omitted)</th>
<th>AS IT APPEARS</th>
<th>AS IT SHOULD BE</th>
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<td>Child’s sex</td>
<td>male</td>
<td>female</td>
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<tr>
<td>(this form is to change the sex only, do not list a name change)</td>
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Documentary evidence submitted herewith in support of this application includes:

Doctor’s affidavit

EXPLAIN REASON FOR ERROR OR OMISSION: gender transition

To be completed by applicant:

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT: [signature]
RELATIONSHIP TO INFANT: self
DATE: 02/03/2017
ADDRESS: [current address]
Put your current address here so that they can mail the new birth certificate.

To be completed by registrar of vital statistics:

The above information has been added to the local record of birth on file in this office.
NEW YORK STATE
DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

APPLICATION FOR CORRECTION OF CERTIFICATE OF BIRTH

RE: INFANT -
   DATE OF BIRTH -
   PLACE OF BIRTH -
   FATHER’S NAME -
   MOTHER’S NAME -

   DISTRICT NUMBER -
   REGISTER NUMBER -
   BIRTH NUMBER -

Please correct the certificate of birth identified above, as follows:

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Documentary evidence submitted herewith in support of this application includes:

EXPLAIN REASON FOR ERROR OR OMISSION:


To be completed by applicant:

Under the penalties of perjury, I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

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ADDRESS

To be completed by registrar of vital statistics:

The above information has been added to the local record of birth on file in this office.

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