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