

**Application for Amendment of Certificate of Birth  
for Gender Designation for an Adult\***  
For persons born in New York State, outside of New York City

**Required Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Town/City/Village of Birth: \_\_\_\_\_

Mother/Parent's Name (as it appears on your birth certificate) \_\_\_\_\_

Father/Parent's Name (as it appears on your birth certificate) \_\_\_\_\_

**Optional Information From Your Birth Certificate** (include a copy if available)

District Number: \_\_\_\_\_ Register Number: \_\_\_\_\_ Birth Number: \_\_\_\_\_

**Requested  
Amendments**

As it appears on **current** birth certificate

As it should appear on **amended** birth certificate

Gender \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Enclose a Notarized Affidavit of Gender for a Person 17 Years of Age or Older (form DOH-5303).

If requesting a name change, also enclose a copy of the authorizing court order.

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\* A person 17 years of age or older