Amending Sex on Birth Certificate

Dear:

Pursuant to your recent request, listed below are the necessary documents that the Department of Public Health will need in order to amend the sex designator on your birth certificate:

1. An affidavit from you, signed under penalty of law, requesting a replacement birth certificate to reflect that your gender differs from the sex designated on your birth certificate;
2. An affidavit from a licensed physician, a licensed advanced practice registered nurse, or a licensed psychologist, stating that you have undergone surgical, hormonal or other treatment clinically appropriate for the purpose of gender transition;
3. A certified copy of a court order granting your legal name change, if you would like your amended birth certificate to reflect a new name;
4. A ‘Request for Copy of Birth Certificate’ if you would like us to provide a certified copy of your amended birth certificate. Along with the request form, you will also need to send a $30 money order payable to “Treasurer, State of Connecticut;” and
5. A photocopy of a valid, government issued photo identification (e.g. driver’s license, passport).

When the Vital Records Office receives all of the required documentation, your request to amend your birth certificate will be processed.

I hope this information is helpful. If you have any questions please feel free to contact me at (860) 509-7956.

Sincerely,

Maria D. Colon
Processing Technician
Vital Records Section

Enclosures
SCF1 (rev. 05/16)
Cover Itr
AFFIDAVIT OF HEALTH CARE PRACTITIONER
Gender Transition Evaluation

THIS AFFIDAVIT MUST BE COMPLETED BY A LICENSED PHYSICIAN,
ADVANCE PRACTICE REGISTERED NURSE OR PSYCHOLOGIST

I ____________________________________________, ___________________________________________ swear the following to be true:

Name of practitioner performing evaluation Title [i.e., MD, APRN, Psychologist]

My Practicing Address is ___________________________________________,
in the City of ___________________________________________, State of ________________________________.

I hold a current license in good standing from the State of ________________________________ to
practice as a _________________________________. My license number is ________________________________.

License #

I have evaluated the following person:

Birth name: _________________________________.

New legal name (if applicable) ________________________________,

______________________________, _______________________________.

Date of Birth City & State of Birth

and conclude that the above named individual has undergone surgical, hormonal or other
treatment clinically appropriate for gender transition, and that such individual's gender identity is

__________________________________________

Gender

__________________________________________

SIGNATURE OF PRACTITIONER PERFORMING EVALUATION DATE OF EVALUATION

Subscribed and sworn to before me this ______ day of ________________, 20________

______________________________

NOTARY PUBLIC

(SEAL)

EXPIRATION DATE
AFFIDAVIT OF APPLICANT
TO AMEND SEX ON BIRTH CERTIFICATE TO REFLECT GENDER TRANSITION

I ______________________, under penalty of law, declare that I have undergone surgical, hormonal or other treatment clinically appropriate for the purpose of gender transition. I am therefore requesting that the sex designator on my birth certificate be amended from ________ to ________ to reflect my gender transition.

Female/Male    Female/Male

☐ I am also requesting that my name be changed on my birth certificate to reflect my legal name change. I am enclosing the court order that approves this legal name change. (Check box only if you are requesting that your name be changed on your birth certificate)

________________________________________________________
Signature of Applicant

________________________________________________________
Date

________________________________________________________
Applicant's Tel. #

________________________________________________________
Applicant's Resident Address

________________________________________________________
Subscribed and sworn to before me this _____ day of ___________ , 20______

________________________________________________________
NOTARY PUBLIC

________________________________________________________
EXPIRATION DATE

(Seal)