

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

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)
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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
State
practice as a _____ Physician, APRN, Psychologist. 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

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

I _____, under penalty of law, declare that I
Name of Applicant
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
Female/Male Female/Male
transition.

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)