NEW YORK STATE DEPARTMENT OF HEALTH Bureau of Vital Records

Parent/Legal Guardian Notarized Affidavit of Gender Error for a Person 16 Years of Age or Under

I/We,	
PRINT NAME OF PARENT/LEGAL GUARDIAN (1)	PRINT NAME OF PARENT/LEGAL GUARDIAN (2)
in regards to the minor	, being duly sworn, hereby depose and say:
1. I/We submit this affidavit in connection with of Birth for Gender Designation for a Minor	n the Parent/Legal Guardian Application for Correction of Certificate :
I/We attest that I/We am(are) the legal pare Certificate of Birth relates.	ent(s)/legal guardian(s) to the minor to which the Correction of
3. I/We believe that the minor's gender assign	ed at birth was incorrect.
4. I/We am(are) seeking to correct the gender	designation on the birth certificate.
5. The minor is currently 16 years of age or un	der.
6. The minor has been living in their correct g	ender immediately preceding the application.
I/We attest to the fact that this application i or any activities that would violate any fede	is not a result of, nor will it cause any, fraudulent activity in the futureral, state or local laws.
8. I/We hereby affirm that the foregoing is tru	e and correct.
This document must be signed by both parents guardian, that parent or legal guardian must ch	or legal guardians. If the minor has only one parent or legal neck the following box:
By checking this box, I attest that I am the or	nly parent or legal guardian of this minor.
SIGNATURE OF PARENT/LEGAL GUARDIAN (1)	DATE
ADDRESS	
NOTARY PUBLIC	DATE
SIGNATURE OF PARENT/LEGAL GUARDIAN (2)	DATE
ADDRESS	
NOTARY PUBLIC	DATE