

**Application for Correction 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
Corrections**

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 Error 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