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

DOH-5305 (2/20)