Parent/Legal Guardian Application for Correction of Certificate of Birth for Gender Designation for a Minor*
For persons born in New York State, outside of New York City

Required Information

Full Name of Minor: __________________________ Date of Birth: ________________
Town/City/Village of Birth: __________________________________________
Mother/Parent’s Name (as it appears on the minor’s birth certificate) __________________________
Father/Parent’s Name (as it appears on the minor’s birth certificate) __________________________

Optional Information From The Minor’s Birth Certificate (include a copy if available)

District Number: ________________ Register Number: ________________ Birth Number: ________________

Requested Corrections

As it appears on current birth certificate
Gender: __________________________
First Name: __________________________
Middle Name: __________________________
Last Name: __________________________

As it should appear on amended birth certificate

Enclose a Notarized Affidavit of Gender Error for a Person 16 Years of Age or Under (form DOH-5304). If requesting a name change, also enclose a copy of the authorizing court order. This application must be signed by both parents or legal guardians. If the minor has only one parent or legal guardian, that parent or legal guardian must check the following box:

☐ By checking this box, I attest that I am the only parent or legal guardian of this minor.

I hereby affirm that the statements made herein are true and correct to the best of my knowledge.

SIGNATURE OF PARENT/LEGAL GUARDIAN (1) __________________________ DATE __________________________
ADDRESS __________________________

SIGNATURE OF PARENT/LEGAL GUARDIAN (2) __________________________ DATE __________________________
ADDRESS __________________________

* A person 16 years of age or younger

DOH-5306 (2/20)