

Parent/Legal Guardian Application for Correction of Certificate of Birth for Gender Designation for a Minor*

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Vital Records

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

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 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