

How to Change the Gender Marker on Your Birth Certificate in New York State

If you were born in New York City, the New York State Department of Health cannot assist you, your birth certificate is on file and under the exclusive jurisdiction of the New York City Department of Health. Please see *How to Change the Gender Marker on Your Birth Certificate in New York City*

If you were born within New York State (outside of New York City), submit the following documents to the New York State Department of Health:

To change a name on a birth certificate filed in New York State outside of New York City, a court order is required. The order must bear the court seal and be certified by the clerk of the court. Include certified proof of publication if required in your jurisdiction. Please be sure the order includes the following information needed to identify the individual named on the birth certificate: birth name, date and place of birth.

Individuals seeking to change the gender marker on their birth certificate must make a request in writing to the New York State Department of Health, Bureau of Vital Records. Each case will be reviewed individually and determined based on the following documents:

1. A completed **Application for Correction of Certificate of Birth (DOH-297)** signed by the applicant. This application indicates:
 - the applicant's name, date of birth, parents' names on existing birth certificate, and place of birth, and
 - the change being requested, including the corrected gender designation and, if applicable, name change.
2. A **certified copy of the applicant's current birth certificate** or a notarized affidavit from the applicant confirming that they are 18 years of age or older. In each case they need to submit a **Notarized Affidavit of Gender Error**, substantially similar to the one enclosed, attesting that the applicant has been living in their correct gender immediately preceding the application.

And either (3) or (4):

3. **A notarized affidavit from a physician (MD or DO) or nurse practitioner or physician assistant**, confirming that surgical procedures have been performed on the applicant to complete sex reassignment.
4. **A notarized affidavit on professional letterhead from a physician (MD or DO) or nurse practitioner or physician assistant**, licensed in the United States that have treated, or reviewed and evaluated, the gender-related medical history of the applicant. The notarized affidavit must include a statement noting that the provider is making his/her findings upon independent and unbiased review and evaluation and is not related to the applicant. The letter must include:
 - the physician (MD or DO) or nurse practitioner or physician assistant's license number
 - language stating that the applicant has undergone appropriate clinical treatment for a person diagnosed with Gender Dysphoria as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders OR language stating that the applicant has undergone appropriate clinical treatment for a person diagnosed with Transsexualism as defined in the most current edition of

International Statistical Classification of Diseases and Related Health Problems;
or as these diagnoses may be referred to in future editions.

As soon as all documentation is provided, it is submitted for legal and medical review.

Processing takes approximately three months. One certified copy will be provided following the amendment, any additional copies are \$30 each.

Additional notes:

- When a new certificate of birth is made, the Commissioner will substitute the new certificate for the certificate of birth on file, if any, and will send the registrar of the district in which the birth occurred a copy of the new certificate of birth. The registrar will make a copy of the new certificate for the local record and hold the contents of the original local record confidential. The original state record and the local record will not be released or otherwise divulged except by order of a court of competent jurisdiction.
- **If an applicant is incarcerated** pursuant to a state sentence of imprisonment, the application for correction of certificate of birth must first be submitted through the appropriate state judicial or legal process, then through the New York State Department of Health, Bureau of Vital Records.
 - If an incarcerated applicant's criminal history includes one or more felony convictions enumerated in Article 6 of the Civil Rights Law or its equivalent, if committed in another jurisdiction, the application shall for each such conviction specify such felony conviction, the date of such conviction or convictions, and the court in which such conviction or convictions were entered.
 - At the same time that the application is submitted for consideration, the applicant shall serve, in like manner as a notice of a motion upon an attorney in an action, a copy of the application upon the district attorney of every county (or comparable jurisdiction) in which such person has been convicted of such felony and upon the court or courts in which the sentence for such felony was entered.
- **If the applicant is under community supervision**, the applicant shall submit a letter from their department of correction and community supervision (or comparable entities), on official letterhead TO THE NEW YORK STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL RECORDS, with knowledge of the applicant's history certifying that there are no public safety concerns with the application.
- If you have any questions, please contact Guy Warner, Director, Bureau of Vital Records directly at (518) 474-5245 or email vr@health.state.ny.us