

# Certification of Gender Identity Form for Birth Certificate Amendment

*PART ONE: TO BE COMPLETED BY APPLICANT*

Name of Applicant at Birth (print clearly) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

I wish to change the gender marker on my birth certificate to read: (Circle One)

**Male      Female**

***I hereby certify under penalty of perjury that this request is to ensure that my birth certificate reflects my gender identity and is not for any fraudulent or other unlawful purpose.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*PART TWO: TO BE COMPLETED BY A HEALTH PROVIDER, STATE OR SOCIAL SERVICE AUTHORITY*

Name of Provider (print clearly) \_\_\_\_\_

Provider's Company or Organization \_\_\_\_\_

Provider's Professional License Number \_\_\_\_\_

Provider Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

I am a:

Physician, psychiatrist, or physician's assistant

Licensed therapist, counselor, or psychologist

Case worker or social worker

***In my professional opinion, the applicant's gender identity is (circle one):    Male    Female***

***I hereby certify under penalty of perjury that the information contained herein is true and accurate.***

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_