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