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

<table>
<thead>
<tr>
<th>As it appears on current birth certificate</th>
<th>As it should appear on amended birth certificate</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
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<tr>
<td>Middle Name</td>
<td></td>
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<tr>
<td>Last Name</td>
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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)