



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D.,  
J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

Dear Applicant:

This letter is to assist those 17 years of age or older who wish to change the gender designation on their birth certificate, including requests for non-binary gender designations. All requests that seek to make such an amendment must be made in writing to the New York State Department of Health, Bureau of Vital Records. Each request must include:

- A completed Application for Correction of Certificate of Birth for Gender Designation for an Adult (DOH-5305).
- A Notarized Affidavit of Gender Error for a Person 17 Years of Age or Older (DOH-5303).

If you are simultaneously requesting that your name be changed on your birth certificate, that should be noted on the application. Your application must then include a copy of the court order authorizing your name change.

The original birth certificate and all other documents relating to the gender designation or name change will be retained in a sealed file. Only the amended birth certificate will be released upon future requests for a certified birth certificate.

One certified copy of the amended record will be provided to you. Additional copies are \$30.00 each.

If you have any questions, please contact my office directly at (518) 474-5245.

Sincerely,

Diana A. Yang  
New York State Registrar and Director  
Bureau of Vital Records

Please mail all forms to:  
New York State Department of Health  
Bureau of Vital Records Administration  
800 North Pearl St Rm 216  
Albany, NY 12204