

ARROWOOD LAW

CHARLIE ARROWOOD, ESQ

NYC Birth Certificate Correction Checklist

To change the name and gender on a birth certificate issued by New York City, assemble the following. Corrections take approximately 8 weeks.

- One certified copy of the name change order.
- One photocopy of the name change order. **DO NOT REMOVE ANY RECEIPT OR STAPLES WHEN COPYING THE ORDER.** Alternatively, you can print out a scan of the final order.
- One original notarized self-attestation form ([adults](#) or [minors](#)). You must use this form. Doctor's letters are no longer accepted.
- Birth Certificate Correction Application ([NYC Form VR-172](#)).
 - In Section 1, fill in your name (or the parent's name if the person is under 18). In Section 2, put the old name and sex.
 - In Section 3, under "items to be corrected," list "child's sex" and then male/female/X as appropriate. List separate lines for each name that you are correcting, for example "child's first name," "child's middle name," and fill in the information accordingly.
 - **Leave Section 4 blank.** Sign in Section 5 on the second page (or if under 18, *both* parents listed on the birth certificate must sign).
- A photocopy of the **front and back** of your current, signed photo identification, or if under 18, for *both* parents who signed.
- A check or money order for \$55 made out to the NYC Department of Health and Mental Hygiene (\$40 processing fee + \$15 for a copy). Order only one corrected copy with this application and order more later if desired.
- A self-addressed, stamped envelope.

Mail your documents to:

NYC Department of Health & Mental Hygiene
Corrections Unit
125 Worth Street, Room 144, CN-4
New York, NY 10013

Questions? Email tgny@health.nyc.gov or call 311.



Attestation Form
(For named parents or legal guardians of a registrant less than 18 years of age)

Please use the attached form to affirm/attest that a birth certificate's gender marker should be changed. Follow the instructions below. Missing information may delay the application review process:

1. Provide a response for every blank line.
2. Sign and notarize the form.
3. Submit the following documents with the signed and notarized Attestation or Self-Attestation Form:
 - A completed [Birth Certificate Correction Application](#) Form
 - A signed copy of current photo identification
 - A check or money order for \$55 (\$40 processing fee plus \$15 fee for new certificate) made payable to the NYC Department of Health and Mental Hygiene
4. Mail the completed form and all required documents to:
New York City Department of Health & Mental Hygiene
Corrections Unit
125 Worth Street, Room 144, CN-4
New York, NY 10013

For questions on how to complete an application, email tgny@health.nyc.gov.

I. Parent/Legal Guardian 1 Information:

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____	_____	
DATE OF BIRTH	STREET ADDRESS	APT. NO.
Relationship to Registrant: _____	_____	
	CITY	STATE ZIP

TELEPHONE NUMBER		

II. Parent/Legal Guardian 2 Information (if applicable):

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____	_____	
RELATIONSHIP TO REGISTRANT	STREET ADDRESS	APT. NO.
_____	_____	
CITY	STATE ZIP	TELEPHONE NUMBER

III. Applicant/Registrant Information:

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
Certificate No.: _____	_____	
	DATE OF BIRTH	

IV. Attestation:

I, _____, _____, hereby
Parent/Legal Guardian 1 (print name) Parent/Legal Guardian 2 (print if applicable)
attest under the penalty of perjury that the request to change the gender marker on birth
certificate no. _____, from _____ to _____,
M/F/X M/F/X
is to reflect the true gender identity of the registrant and is not for any fraudulent purpose.

Parent/Legal Guardian 1 Signature

_____ Date: _____

Parent/Legal Guardian 2 Signature

_____ Date: _____

<p>TO BE COMPLETED BY NOTARY</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>SUBSCRIBED AND SWORN BEFORE ME:</p> <p>THIS _____ DAY OF _____, 20_____</p> <p>_____ NOTARY PUBLIC SIGNATURE</p>	<p>NOTARY PUBLIC SEAL</p>
---	---------------------------

Warning: No person shall make a false, untrue, or misleading statement or forge the signature of another on an application required to be prepared pursuant to the New York City Health Code. A violation of the Health Code shall be punishable as a misdemeanor. (NYC HEALTH CODE 3.19).



Correcting a Birth Certificate

Who Can Apply for a Correction?

- The person named on the certificate if he/she is at least 18 years old.
- Parents or legal guardians of the person less than 18 years of age named on the certificate.

Anyone applying must submit current (not expired), signed photo identification. If both parents' names appear on the record, both must sign application and submit photocopy of each parent's identification. We accept photocopies of identification with mailed applications. Photocopies must be clear and include front and back of identification.

If the hospital where your child was born made a mistake on the birth certificate, you must submit your application and the newborn certificate you received to the hospital if the child is less than 1 year of age.

How Do I Make a Correction?

- Submit original documents (for example, a marriage record or a religious document) on official letterhead or with an original seal depending on the kind of correction you want (photocopies, altered documents or notarized copies are not accepted). *See Box 1 on Page 2.*
- Submit one photocopy with each of the original documents.
- Complete and sign the application.
- **Pay a non-refundable \$40 processing fee for most corrections plus \$15 per copy for each new certificate.**
- If you are applying by mail, include a self addressed, stamped envelope so that we can return your documents.

What Kind of Document Do I Need?

You must send original documentation on letterhead or certified copies with your application. Certified copies are documents issued by a government office that has a raised seal, like birth certificates or marriage certificates. Usually a fee is required to obtain a certified copy from an office or agency. **Notarized copies, photocopies or altered documents are unacceptable.**

Generally, a document must have been established prior to the child's 7th birthday or it must be at least 10 years old. This helps us establish that the documentation you are submitting is legitimate. Documents should include the following:

- **Child's Name**
- **Listed Date of Birth**
- **Parent's Name(s)**

If your documents are in a language other than English, you must obtain an official translation of documents needed. Foreign consulates often will translate official documents for you. We also accept translations from established translation services. If you can't provide the required documents, ask for help by calling 311.

FEES: How Much Does It Cost to Make a Correction?

The Health Department charges a **non-refundable \$40 application processing fee** to make most corrections. Where fees apply, the application is only \$40 even if more than one item is corrected.

Birth Certificate Corrections

Application Fee Applies:

1. Adding a child's given name by family more than 60 days after birth.
2. Family's errors and omissions, except adding a given name within 60 days of birth.
3. Hospital and licensed midwife errors and omissions after 12 months.
4. Adoptions (Court Order).
5. Correct gender marker on birth certificate.
6. Re-submitting an application more than 1 year after rejection.

No Fee Applies:

1. Acknowledgments of Paternity.
2. Orders of Filiation/Order of Paternity.
3. Adding a parent who was married prior to the birth of the child.
4. Adding a child's given name.
 - a. If submitted by family within 60 days of birth to the Health Department.
 - b. If submitted by family to the hospital within 12 months of date of birth.
5. Correcting hospital errors and omissions.
 - a. If submitted by the hospital of birth within 12 months of birth.
6. If applying for Delayed Registration of Birth use form VR34 .

Box #1: Document List

I Want To . . . (please check all that apply) Where fees apply, the application is only \$40 even if more than one item is corrected.	You will need one of the documents below: (see box 2)
<input type="checkbox"/> Correct a hospital error before 1st birthday (Please return application to hospital of birth)	No Documentation Required
<input type="checkbox"/> Correct an error or omission made by the hospital after child's 1st birthday	2
<input type="checkbox"/> Correct child's first or middle name, or add a child's middle name BEFORE child's 1st birthday <i>Example: Dabid to David</i>	1, 3, 4, 5, 7 or 8
<input type="checkbox"/> Correct first or middle name after 1st birthday.	1, 3, 4, 5, 6, 7 or 8
<input type="checkbox"/> Add child's first and middle name BEFORE child's 1st birthday at the hospital of birth. No Fee	No Documentation Required
<input type="checkbox"/> Add a child's first and middle name BEFORE 60 days of birth at DOHMH. No Fee	No Documentation Required
<input type="checkbox"/> Add a child's first and middle name AFTER 60 days of birth.	<input type="checkbox"/> Child less than 1 year <input type="checkbox"/> Child over 1 year
<input type="checkbox"/> Correct spelling of child's last name (all documents must be dated PRIOR to birth of child)	No Documentation Required 1, 3, 4, 5, 6, 7 or 8
<input type="checkbox"/> Correct spelling of child's last name (all documents must be dated PRIOR to birth of child)	10, 11, 12 or 13
<input type="checkbox"/> Correct child's date of birth or sex	2
<input type="checkbox"/> Correct gender marker on birth certificate	Go to nyc.gov/vitalrecords for documentation required or call 311
<input type="checkbox"/> Correct spelling of parent's information	9, 11 or 16
<input type="checkbox"/> Add name of another parent. Fee may apply. See fee section on bottom of page 1.	See Box 3 below
<input type="checkbox"/> Legal name change <i>Example: June to Edna</i>	12 with a name change petition or 14
<input type="checkbox"/> Remove information from birth record	15

Box #2: List of Documents Accepted by the New York City Health Department

1. Letter from hospital where child was born including child's correct name, date of birth, and parent's name(s).	11. Parent's marriage record if parents were married before child's birth, last name corrections only (New York State does not recognize common law marriage).
2. Letter from hospital admitting error.	12. Parent's naturalization certificate.
3. Immunization record showing child's name, date of birth, parent name and the health care facility's stamp.	13. Birth certificate of an older brother or sister.
4. First census record taken after birth or census taken at least 10 years ago (federal or state).	14. Certified Court Order which must include Date of Birth, Place of Birth and Certificate Number. You must go to Civil Court if you live in NYC. Outside of NYC go to the appropriate court for this action.
5. Letter from physician including treatment dates.	15. Usually requires a State Supreme Court Order unless the hospital of birth made a mistake. If hospital made the error request an admission in writing from the hospital.
6. School admission letter including date of admission.	16. Parent's birth record, older child's birth record, religious document or naturalization certificate. Marriage Record may be used for last name only.
7. Religious document.	
8. Child's life insurance policy.	
9. Parent's birth certificate (for corrections of child's last name, the certificate of the parent who has the child's last name is required).	
10. Parent's passport.	

Box #3: Adding Another Parent's Name

Adding the name of another parent to a birth certificate, typically the father, depends on the marital status of the mother. Married same sex parents also can add their names to birth certificates. See table below to find out what you must do.

Marriage records or other documents must be submitted with the application. In cases where the parent has been married more than once, divorce records also must be submitted.

New York State recognizes same sex marriage performed in other states, Washington DC and abroad. It does not recognize common law marriage.

How Do I Add the Name of Another Parent? Look below to see which description fits your situation.

Marital Status of Parent	You Need To:
Mother not married during pregnancy and not married now and wants to add a father →	Complete an Acknowledgment of Paternity Form (DSS 4418) or go to Family Court for an Order of Filiation
Mother married during pregnancy, want to add spouse's name (male or female) →	If you were married at the time of your child's birth, complete Section 4 on page 4 of the application
Mother not married during pregnancy but now married to biological father →	Complete an Acknowledgment of Paternity form (DSS 4418) or go to Family Court for an Order of Filiation
Mother married after birth but not to biological father →	Go to Family or Supreme Court for an Order of Adoption
Mother married to a male during pregnancy but not to biological father →	Go to Family Court for an Order of Filiation
Same Sex Parents (Female) not married →	Go to Family or Supreme Court for an Order of Adoption
Same Sex Parents (Male) married or not married →	Go to Family or Supreme Court for an Order of Adoption

Acknowledgment of Paternity Forms (LDSS 4418) are available in the Corrections Department lobby and enclosed with all applications ordered by mail or go to <https://www.childsupport.ny.gov/dcse/pdfs/4418.pdf>



Reference No.

Birth Certificate Correction Application Form

Please use blue or black ink ONLY.

Section 1: What Is Your Name? You Must Be At Least 18 Years Old

First Name	Middle Name	Last Name
------------	-------------	-----------

Mailing Address	Apartment Number
-----------------	------------------

City	State	ZIP Code
------	-------	----------

Telephone Number	Home	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email Address	<input type="text"/>
		Area Code Telephone Number		
	Cell	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Area Code Telephone Number		
Wireless Carrier	<input type="checkbox"/> AT & T <input type="checkbox"/> T-Mobile <input type="checkbox"/> Sprint <input type="checkbox"/> Verizon <input type="checkbox"/> Other _____			
	Daytime	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Partnership Status	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership
		Area Code Telephone Number		

Section 2: Birth Certificate Information

Birth Certificate Number

1	5	6	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	---	---	---	----------------------	---	----------------------	----------------------	----------------------	----------------------	----------------------

Name on Birth Certificate as it now appears

First Name	Middle Name	Last Name
------------	-------------	-----------

Sex	Date of Birth	Mother's Maiden Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Month Day Year	First <input style="width: 80%;" type="text"/> Last <input style="width: 20%;" type="text"/>

Place of Birth

<input type="text"/>

Name of Hospital, birthing center or if born at home, street address, city, state, ZIP)

Section 3: What Do You Want To Correct?

Please use one line per correction. We cannot accept white-outs or cross-outs; if you make a mistake, please use a new application form.

List items to be corrected	Write errors as they appear on birth record	What should it say on birth record?
Example: Child's First Name	Not Shown	Michael
Example: Date of Birth	October 16, 2009	October 19, 2009

Section 4: Second Parent Information

If you want to add the name of another parent, please fill out this section. You must have been married prior to the birth of the child. See "How Do I Add the Name of Another Parent?" on page 2.

Name of Second Parent

First Name	Middle Name	Last Name of Second Parent	Parent's Country of Birth

Sex Male Female

Second Parent's Date of Birth: / /
Month Day Year

Second Parent's Age at Time of Child's Birth:

Child's Last Name (as it will appear on the certificate even if it will remain the same)

Signature of Second Parent

Date

Section 5: Sign Your Application

Please sign the form where appropriate. If both parents' names appear on the birth certificate, both must sign if the child is under 18.

Signature of Mother/Parent/Legal Guardian	Date
Signature of Father/Parent/Legal Guardian	Date
Your Signature (if you are 18 or older and are requesting a correction of your own birth certificate)	
Signature of Self	Date

Warning! No person shall make a false, untrue or misleading statement or forge the signature of another on an application required to be prepared pursuant to the New York City Health Code. A violation of the Health Code shall be punishable as a misdemeanor. (NYC HEALTH CODE 3.19)

How to Submit Your Application:

A copy of the corrected certificate costs \$15. This fee is waived if you enclose a certified copy of a certificate purchased within the past 3 months and want to exchange it for a corrected certificate.

Figure out the cost: Processing Fee: \$40 (See page 1 for applicable fees. \$ _____
 (not all corrections have a fee.)
 Copy Fee: number of copies _____ X \$15 each \$ _____
 Total Amount Enclosed: \$ _____

Please make your check or money order payable to the: **New York City Department of Health and Mental Hygiene.**
Cash not accepted. Walk-in customers may pay using a credit or debit card.

Make certain you have enclosed everything necessary (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Completed, signed application with a copy of photo identification for each parent named on birth record | <input type="checkbox"/> One photocopy of each original or certified copy |
| <input type="checkbox"/> Original or certified documents | <input type="checkbox"/> Payment if applicable |
| | <input type="checkbox"/> If mailing, self-addressed, stamped envelope. |

Submitting false identification is a crime and violators are subject to prosecution.

MAIL TO: NYC Department of Health and Mental Hygiene
 Corrections Unit
 125 Worth Street, Room 144, CN-4
 New York, NY 10013

FOR HEALTH DEPARTMENT USE ONLY

Certification by the NYC Department of Health and Mental Hygiene

This is to certify that I have examined the original record that this application seeks to correct, and any original documents required to verify the correction. There are no omissions or apparent errors in the original record that have not been covered. Therefore, the application is approved.

		DOCUMENT NO. <input style="width: 80%; height: 30px;" type="text"/>
Signature of Deputy City Registrar	Date	