

# ARROWOOD LAW

— CHARLIE ARROWOOD, ESQ —

## NYS Birth Certificate Correction Checklist

To change the name and gender on a birth certificate issued by New York State, assemble the following documents:

- One certified copy of the name change order (if changing your name)
- One original notarized Affidavit of Gender Error form, signed by the applicant (or a parent/guardian) in front of a notary
  - There are different forms for individuals under age 17 and individuals 17+
    - Form DOH-5304 for under 17
    - Form DOH-5303 for 17+
  - You must use this form; doctor's letters are no longer accepted
- Birth Certificate Correction Application
  - DOH-5305 for 17+
  - DOH 5306 for under 17
- A self-addressed, stamped envelope

Mail your documents to:

New York State Department of Health  
Bureau of Vital Records Administration  
800 North Pearl Street, Room 216  
Albany, NY 12204

One certified copy of the amended birth certificate is free. Additional copies are \$30 each.

If you have questions, contact the New York State Registrar's Office at (518) 474-5245.

# Parent/Legal Guardian Application for Correction of Certificate of Birth for Gender Designation for a Minor\*

NEW YORK STATE DEPARTMENT OF HEALTH  
Bureau of Vital Records

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

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 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

## Parent/Legal Guardian Notarized Affidavit of Gender Error for a Person 16 Years of Age or Under

I/We,

\_\_\_\_\_  
PRINT NAME OF PARENT/LEGAL GUARDIAN (1)

\_\_\_\_\_  
PRINT NAME OF PARENT/LEGAL GUARDIAN (2)

in regards to the minor \_\_\_\_\_, being duly sworn, hereby depose and say:  
PRINT NAME OF MINOR

1. I/We submit this affidavit in connection with the Parent/Legal Guardian Application for Correction of Certificate of Birth for Gender Designation for a Minor.
2. I/We attest that I/We am(are) the legal parent(s)/legal guardian(s) to the minor to which the Correction of Certificate of Birth relates.
3. I/We believe that the minor's gender assigned at birth was incorrect.
4. I/We am(are) seeking to correct the gender designation on the birth certificate.
5. The minor is currently 16 years of age or under.
6. The minor has been living in their correct gender immediately preceding the application.
7. I/We attest to the fact that this application is not a result of, nor will it cause any, fraudulent activity in the future or any activities that would violate any federal, state or local laws.
8. I/We hereby affirm that the foregoing is true and correct.

This document 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.

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (1)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN (2)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE