

ARROWOOD LAW

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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.

**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

Notarized Affidavit of Gender Error for a Person 17 Years of Age or Older

I, _____, being duly sworn, hereby depose and say:
(PRINT NAME)

1. I submit this affidavit in connection with the Application for Correction of Certificate of Birth for Gender Designation for an Adult.
2. I believe that the gender assigned at birth was incorrect.
3. I am seeking to correct the gender designation on my birth certificate.
4. I am currently 17 years of age or older.
5. I have been living in my correct gender immediately preceding the application.
6. I attest to the fact that my 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.
7. I hereby affirm that the foregoing is true and correct.

SIGNATURE OF APPLICANT

DATE

ADDRESS

NOTARY PUBLIC

DATE