



Applicant Affidavit in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment

Registry of Vital Records and Statistics
Massachusetts Department of Public Health



Information on existing birth certificate	Name: <i>First</i> <i>Middle</i> <i>Last</i>									
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:								
	City/Town of Birth:									
	Mother/Parent Name:									
	Father/Parent Name:									
Name and Sex to appear on amended birth certificate	Name: <i>First</i> <i>Middle</i> <i>Last</i>									
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female									
Applicant's contact information	Mailing Address:									
	Telephone (optional):	Email (optional):								
Applicant affidavit	<p>I have completed medical intervention for the purpose of permanent sex reassignment and am not of the sex recorded at the time of my birth. I hereby request a permanent amendment of my birth certificate registered in Massachusetts to reflect my accurate name and sex, as listed above.</p> <p>In addition to this Affidavit, I am also submitting:</p> <p><input type="checkbox"/> A notarized "Physician's Statement in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment;"</p> <p><input type="checkbox"/> A court-certified copy of my legal name change decree (if applicable); and</p> <p><input type="checkbox"/> A check or money order, payable to the Commonwealth of Massachusetts, as follows:</p> <table style="width: 100%; margin-left: 40px;"> <tr> <td style="width: 80%;">\$50.00 amendment fee, plus <i>either</i>:</td> <td style="text-align: right;">\$50.00</td> </tr> <tr> <td style="padding-left: 20px;">By mail: \$32.00 per certified copy for _____ copies</td> <td style="text-align: right;">+ \$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Or, in-person: \$20.00 per certified copy for _____ copies</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="padding-left: 20px;">Total Enclosed</td> <td style="text-align: right;">= \$ _____</td> </tr> </table> <p>I declare under the pains and penalties of perjury that the information above is true and accurate and that by signing this document I am authorizing a permanent change to my birth certificate.</p> <p>X</p>		\$50.00 amendment fee, plus <i>either</i> :	\$50.00	By mail: \$32.00 per certified copy for _____ copies	+ \$ _____	Or, in-person: \$20.00 per certified copy for _____ copies	\$ _____	Total Enclosed	= \$ _____
\$50.00 amendment fee, plus <i>either</i> :	\$50.00									
By mail: \$32.00 per certified copy for _____ copies	+ \$ _____									
Or, in-person: \$20.00 per certified copy for _____ copies	\$ _____									
Total Enclosed	= \$ _____									
	Signature of Applicant	Date								
For more information or to apply	<p>An application for amendment may be submitted by mail or by making an appointment at the Registry of Vital Records and Statistics. By mail, please include all required documents and fees and send your request to:</p> <p style="margin-left: 40px;">Registry of Vital Records and Statistics Attn: Amendments 150 Mt. Vernon Street, 1st Floor Dorchester, MA 02125</p> <p>For more information or to make an appointment, telephone: (617) 740-2600 or email: Vital.Regulation@state.ma.us.</p> <p>Amendments also may be made at the Clerk's Office in the city or town of birth. Fees for amendments and certified copies vary by community.</p>									