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| ***Applicant Affidavit in Support of Amendment of a Birth Certificate for Sex***  Registry of Vital Records and Statistics Massachusetts Department of Public Health | | | | |
| **Information on existing birth certificate** | Name: *First Middle Last* | | | |
| Sex:  Female  Male  X | Date of Birth: | City/Town  of Birth: | |
| Parent 1 Name: | | | |
| Parent 2 Name: | | | |
| **Name and Sex to appear on amended birth**  **certificate** | Name: *First Middle Last* | | | |
| Sex:  Female Male X | | | |
| **Applicant’s contact information** | Mailing Address: | | | |
| Telephone (optional): | Email (optional): | | |
| **Applicant affidavit** | The listed subject is not of the sex recorded on the existing Massachusetts birth certificate. I hereby request a permanent amendment of the birth certificate listed above to reflect the accurate sex and name. In addition to this Affidavit, I am also submitting:   * A **court-certified copy** of a legal name change decree (if applicable); and * A check or money order for all fees payable to the Commonwealth of Massachusetts. | | | |
| **For subjects under 18 yrs. of age.** | I declare under the pains and penalties of perjury that the information contained herein is true and accurate and not made for any fraudulent purpose. I have legal custody of the named minor child. Upon signing, I am authorizing a permanent change to the birth certificate above.    Name of Parent/Guardian Name of Second Parent/Guardian (optional) | | | |
| Signature of Parent/Guardian Date | | | Signature of Parent/Guardian (optional) Date |
| **For subjects over 18 yrs. of**  **age.** | I declare under the pains and penalties of perjury that the information contained herein is true and accurate and not made for any fraudulent purpose. Upon signing, I am authorizing a permanent change to the birth certificate above.  Signature of Subject Date | | | |
| **For more information or to apply** | An application for amendment may be submitted by mail or by making an appointment at the Registry of Vital Records and Statistics (RVRS) or in the City/Town of birth. If submitting in person at RVRS, please bring a valid form of photo identification. By mail to RVRS, **please have Affidavit notarized** and include all required documents and fees and send your request to:  Registry of Vital Records and Statistics Attn: Amendments  150 Mt. Vernon Street, 1st Floor Dorchester, MA 02125  For more information or to make an appointment, telephone: (617) 740-2600 or email: [RVRSAmendments@mass.gov](mailto:RVRSAmendments@mass.gov) 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. | | | |

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R-116 12/23/2024