



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: <i>First</i> <i>Middle</i> <i>Last</i>			
	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> X		Date of Birth:	City/Town of Birth:
	Parent 1 Name:			
	Parent 2 Name:			
Name and Sex to appear on amended birth certificate	Name: <i>First</i> <i>Middle</i> <i>Last</i>			
	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X			
Applicant's contact information	Mailing Address:			
	Telephone (optional):		Email (optional):	
Applicant affidavit	<p>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:</p> <p><input type="checkbox"/> A <u>court-certified copy</u> of a legal name change decree (if applicable); and</p> <p><input type="checkbox"/> A check or money order for all fees payable to the Commonwealth of Massachusetts.</p>			
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		Signature of Parent/Guardian (optional)	
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	<p>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:</p> <p style="text-align: center;">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: 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.</p>			