



## Applicant Affidavit in Support of Amendment of a Birth Certificate for Sex

Registry of Vital Records and Statistics  
Massachusetts Department of Public Health



<b>Information on existing birth certificate</b>	Name: <i>First</i> <span style="margin-left: 150px;"><i>Middle</i></span> <span style="margin-left: 150px;"><i>Last</i></span>		
	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> X	Date of Birth:	City/Town of Birth:
	Parent 1 Name:		
	Parent 2 Name:		
<b>Name and Sex to appear on amended birth certificate</b>	Name: <i>First</i> <span style="margin-left: 150px;"><i>Middle</i></span> <span style="margin-left: 150px;"><i>Last</i></span>		
	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X		
<b>Applicant's contact information</b>	Mailing Address:		
	Telephone (optional):		Email (optional):
<b>Applicant affidavit</b>	<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 <b><u>court-certified copy</u></b> 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>		
<b>For subjects under 18 yrs. of age.</b>	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) <span style="margin-left: 50px;">Date</span>
<b>For subjects over 18 yrs. of age.</b>	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
<b>For more information or to apply</b>	<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: <a href="mailto:RVRSAmendments@mass.gov">RVRSAmendments@mass.gov</a> 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>		