



**Physician's Statement 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

<b>Purpose of this Form</b>	<p>An individual born in Massachusetts may request an amendment to the sex on their Massachusetts birth certificate following completion of medical intervention appropriate for that individual for the purpose of permanent sex reassignment, as outlined by Massachusetts General Law Chapter 46, §13(e). This form serves as the physician's notarized statement to accompany an individual's application to amend the sex on their birth certificate.</p> <p>Chapter 46, §13(e), M.G.L., states:</p> <p style="padding-left: 40px;">If a person has completed medical intervention for the purpose of permanent sex reassignment, the birth record of that person shall be amended to permanently and accurately reflect the reassigned sex if the following documents have been received by the state registrar or town clerk:</p> <p style="padding-left: 40px;">(i) an affidavit executed by the person to whom the record relates or by the parent or guardian if such person is a minor indicating the individual's sex; and</p> <p style="padding-left: 40px;">(ii) a physician's notarized statement that the person has completed medical intervention, appropriate for that individual, for the purpose of permanent sex reassignment and is not of the sex recorded on the record.</p> <p>The affiant shall furnish a certified copy of the legal change of name if the affiant is seeking a birth record with the legal change of name instead of the name as appearing on the birth record prior to the amendment.</p>														
<b>Patient Information to Appear on Birth Certificate</b>	<table border="1" style="width: 100%;"> <tr> <td colspan="3" data-bbox="329 800 881 869">Name:</td> </tr> <tr> <td data-bbox="329 869 881 940">Sex:</td> <td colspan="2" data-bbox="881 869 1526 940">Date of Birth:</td> </tr> </table>			Name:			Sex:	Date of Birth:							
Name:															
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<b>Physician information</b>	<table border="1" style="width: 100%;"> <tr> <td colspan="2" data-bbox="329 951 1110 1024">Name:</td> <td colspan="2" data-bbox="1110 951 1526 1024">Title:</td> </tr> <tr> <td data-bbox="329 1024 727 1108">License # and State:</td> <td data-bbox="727 1024 1110 1108">Telephone (optional):</td> <td colspan="2" data-bbox="1110 1024 1526 1108">Email (optional):</td> </tr> <tr> <td colspan="4" data-bbox="329 1108 1526 1205">Name and Address of Practice or Clinic:</td> </tr> </table>			Name:		Title:		License # and State:	Telephone (optional):	Email (optional):		Name and Address of Practice or Clinic:			
Name:		Title:													
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<b>Affidavit</b>	<p>I am a licensed physician in good standing in the State or jurisdiction listed above. I am a physician of the patient listed above, with whom I have a doctor-patient relationship and whose medical history I have reviewed and evaluated. I make this affidavit in support of my patient's request for a permanent amendment of the birth certificate registered with the Massachusetts Registry of Vital Records and Statistics pursuant to M.G.L. c.46 §13(e). I hereby certify that my patient, listed above, has completed medical intervention, appropriate for the patient, for the purpose of permanent sex reassignment. In my medical opinion the patient is not of the sex recorded at birth and the sex on their amended birth certificate should be listed as:</p> <p><input type="checkbox"/> Male   <input type="checkbox"/> Female.</p> <p>I declare under the pains and penalties of perjury that the information above is true and accurate.</p> <p>X</p> <table border="1" style="width: 100%;"> <tr> <td data-bbox="329 1593 974 1646">Signature of Physician</td> <td data-bbox="974 1593 1526 1646">Date</td> </tr> </table>			Signature of Physician	Date										
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<b>Notarization</b>	<p>On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was or were _____, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that the contents of this document are truthful and accurate to the best of (his) (her) knowledge and belief.</p> <p align="center">Notary Signature _____</p>														

**For More  
information**

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Telephone: (617) 740-2600. Email: [Vital.Regulation@state.ma.us](mailto:Vital.Regulation@state.ma.us).