R-120 10/06/2025

Joint Affidavit to Change Name of Parent due to their Change in Sex Designation on a Birth Certificate

Registry of Vital Records and Statistics
Massachusetts Department of Public Health

Information as it appears on child's 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 to appear on amended Birth Certificate for Parent 1	Name: *First* *Middle* *Last*	
Current sex designation of Parent 1*	Sex: ☐ Female ☐ Male ☐ X	
Name to appear on amended Birth Certificate for Parent 2	Name: *First* *Middle* *Last*	
Current sex designation of Parent 2*	Sex: ☐ Female ☐ Male ☐ X	
Contact information	Name of Primary Applicant: _____ Mailing Address: _____ Telephone (optional): _____ Email (optional): _____	

*Sex designation is required for the birth record but does not appear on the certificate. The corrected certificate will not indicate that the record has been amended.

Applicants' joint affidavit	I/we hereby request an amendment of the birth certificate of the child listed above to reflect the **change in name of a parent or parents.** In addition to this Affidavit, I/we submit: ☐ A **court-certified copy** of a legal name change decree; and ☐ A check or money order for all fees payable to the Commonwealth of Massachusetts.
Authorization	I/we 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/we authorize a change to the birth certificate of the child listed above. _____ _____ Name of Parent 1 Name of Parent 2 _____ _____ Signature of Parent 1 Date Signature of Parent 2 Notarization Required Notarization Required _____ Name of Child (if over 18 years) _____ Signature of Child (if over 18 years) Date Notarization Required
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. If submitting 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) 740-2674 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.