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| R-116 04012016 | ***Applicant Affidavit 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 | | | | | | | ***MADPH_Logo*** |
| **Information on existing birth certificate** | Name: *First Middle Last* | | | | | | | |
| Sex: Male Female | Date of Birth: | | | | | | |
| City/Town  of Birth: | | | | | | | |
| Mother/Parent  Name: | | | | | | | |
| Father/Parent  Name: | | | | | | | |
| **Name and Sex**  **to appear on amended birth certificate** | Name: *First Middle Last* | | | | | | | |
| Sex: Male Female | | | | | | | |
| **Applicant’s contact information** | Mailing Address: | | | | | | | |
| Telephone (optional): | | Email (optional): | | | | | |
| **Applicant affidavit** | I have completed medical intervention for the purpose of permanent sex reassignment and am not of the sex recorded at the time of my birth. I hereby request a permanent amendment of my birth certificate registered in Massachusetts to reflect my accurate name and sex, as listed above.  In addition to this Affidavit, I am also submitting:   * A notarized “Physician’s Statement in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment;” * A court-certified copy of my legal name change decree (if applicable); and * A check or money order, payable to the Commonwealth of Massachusetts, as follows: | | | | | | | |
| $50.00 amendment fee, plus *either*: | | | | |  | $50.00 | |
| By mail: $32.00 per certified copy for \_\_\_\_\_\_\_\_ copies | | | | | + | $ | |
| Or, in-person: $20.00 per certified copy for \_\_\_\_\_\_\_\_ copies | | | | |  | $ | |
| Total Enclosed | | | | | = | $ | |
|  | | | | | | | |
| I declare under the pains and penalties of perjury that the information above is true and accurate and that by signing this document I am authorizing a permanent change to my birth certificate. | | | | | | | |
| X | | |  |  | | | |
| Signature of Applicant | | | 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. By mail, please 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: [Vital.Regulation@state.ma.us](mailto:Vital.Regulation@state.ma.us).  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. | | | | | | | |