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| R-117 04012016 | **Fact Sheet**  ***Amending the Sex Designation on 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*** |
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| **Basis** | The Registry of Vital Records and Statistics will update the sex on a Massachusetts birth certificate following completion of medical intervention appropriate for that individual for the purpose of permanent sex reassignment and a completion of a judicial change of name, if applicable. A new birth certificate will be issued upon receipt of the evidence outlined below.  Chapter 46, §13(e) of the Massachusetts General Laws states:  (1) 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:  (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  (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.  (2) 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.” | | |
| **Evidence** | The following documents are required:   1. The *Applicant Affidavit in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment* form.   Alternatively, a similar affidavit may be submitted that includes:   * Full name, date of birth, place of birth and parents’ names as appear on the applicant’s existing birth certificate; * A statement that the applicant has completed medical intervention for the purpose of permanent sex reassignment and is not of the sex recorded at the time of birth. * The applicant’s written request and authorization for a permanent amendment of their birth certificate to reflect a different sex and name than as appears on the existing record (include new name and specify new sex designation as either male or female). * Contact information including current name and address. Providing a telephone number and/or email address is helpful.  1. The *Physician’s Statement in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment* form.   Alternatively, a similar notarized statement from a physician with whom the applicant has a physician-patient relationship may be submitted. This statement must be on office letterhead and include:   * Physician Name, License #, State or Jurisdiction, physician-patient relationship indicating patient name and that the affiant is treating said patient and/or has reviewed applicable medical history and evaluated said patient. * That in the physician’s medical opinion, 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 individual’s current birth record. * Note: To ensure rapid processing, use the exact phrase “has completed medical intervention, appropriate for that individual, for the purpose of permanent sex reassignment.” Information beyond this phrase, including details with regard to the nature of medical care or treatment received is not necessary and using alternative terms or adding other information may delay an application, as additional review may be necessary. * Notary’s jurat, signature and seal.  1. A court-certified copy of the applicant’s legal name change decree, if applicable. | | |
| **To Apply** | | Submit an application, including the required evidence and fees, by mail or by making an appointment.  Registry of Vital Records and Statistics, Attn: Amendments  150 Mt. Vernon Street, 1st Floor  Dorchester, MA 02125  *Telephone*: (617) 740-2600 *Email:* [vital.regulation@state.ma.us](mailto:vital.regulation@state.ma.us) | |
| **Fees** | | The correct fees must accompany an application for amendment:   1. $50.00 one-time amendment fee, and 2. $32.00 per certified copy of the amended birth record by mail ($20.00 if in-person)   Personal checks and money orders are acceptable and should be made payable to the  Commonwealth of Massachusetts. | |
| **For more**  **information**  **about amending a birth certificate** | | Please feel free to contact the Registry of Vital Records and Statistics for additional information:  By Mail:  Registry of Vital Records and Statistics  150 Mt. Vernon Street, 1st Floor  Dorchester, MA 02125  By Telephone:  (617) 740-2600  By Email:  [Vital.Regulation@state.ma.us](mailto:Vital.Regulation@state.ma.us)  Amendments may also be made in the city or town where the applicant’s birth occurred. Please contact the local City or Town Clerk, or Boston Registrar, for more information and fees. | |
| **For more information about legal changes of name** | | To obtain information about legal changes of name, please contact your local Massachusetts Probate and Family Court. If you are not a Massachusetts resident, contact the court of appropriate jurisdiction in your area.  Resources, forms and instructions:  <http://www.mass.gov/courts/resources.html> | |