Instructions for Amending Sex on Minor Child’s Birth Certificate

Listed below are the necessary documents that the Department of Public Health will need to amend the sex designator on a minor child’s birth certificate:

☐ A notarized affidavit from you, signed under penalty of law, requesting a replacement birth certificate to reflect that your minor child’s gender differs from the sex designated on his or her birth certificate;

☐ A notarized affidavit from a licensed physician, a licensed advanced practice registered nurse, or a licensed psychologist, stating that the minor child has undergone surgical, hormonal, or other treatment clinically appropriate for the purpose of gender transition;

☐ A photocopy of a valid, government issued photographic identification (e.g., driver’s license, passport).

***Any subsequent request to amend the sex on this birth certificate will require a court order.***

If the minor child also has a new name and you want it to be reflected on the amended birth certificate:

☐ Submit: A certified copy of a court order granting the legal name change.

If you would like a certified copy of the amended birth certificate:

☐ Submit: An ‘Application to Request a Birth Certificate”. Along with the request form, you will need to Send a $30 money order payable to “Treasurer, State of Connecticut”.

All required documentation should be mailed to:

Connecticut Department of Health
Office of Vital Records-Record Replacement Unit
410 Capitol Avenue, MS#11VRS
Hartford, CT 06134

Upon receipt of all the required documentation, your request to amend the minor child’s birth certificate will be processed.

If you have any questions, please feel free to contact us at (860) 509-7956.
AFFIDAVIT OF PARENT APPLICANT
TO AMEND SEX ON MINOR CHILD’S BIRTH CERTIFICATE
TO REFLECT GENDER TRANSITION

I, ____________________________________, under penalty of law, declare that I am
Name of Applicant
the custodial parent of ___________________________ , my minor child, and that such child has
Name of Minor Child
undergone surgical, hormonal, or other treatment clinically appropriate for the purpose of gender
transition. I am therefore requesting that the sex designator on my child’s birth certificate be amended
from ______________ to _______________ to reflect my child’s gender transition.
Female/ Male/ Non-Binary Female/ Male/ Non-Binary

I understand that any subsequent amendment to the sex designator on this birth certificate will require a
court order.

☐ I am also requesting that my child’s birth certificate be amended to reflect my child’s legal name change.
I am enclosing the court order that approves this legal name change.  (Only check this box if requesting that the name be
changed on the birth certificate)

_______________________________________      ______________    ___________________________
Signature of Custodial Parent or Legal Guardian                       Date                 Tele. # of Custodial Parent/Legal Guardian

__________________________________________________________________________________________________________________
Resident Address of Custodial Parent or Legal Guardian

Subscribed and sworn to before me this ______ day of __________________, 20_______

______________________________________________                           ________________________________
NOTARY PUBLIC                     EXPIRATION DATE

SEAL

Rev. 12/2021
I _____________________, __________________swear the following to be true:

NAME OF PRACTITIONER PERFORMING EVALUATION

TITLE

(i.e., MD, APRN, Psychologist)

My Practicing Address is

in the City of ________________________, State of _______________________.

I hold a current license in good standing from the State of _______________________.

Practice as a_________________________________________________________________. My license Number is __________.

PHYSICIAN, APRN, PSYCHOLOGIST LICENSE#

I have evaluated ________________________________

BIRTH NAME

LEGAL NAME CHANGE, IF APPLICABLE DATE OF BIRTH CITY AND STATE OF BIRTH

and conclude the above-named individual has undergone surgical, hormonal, or other treatment clinically appropriate for gender transition, and that such individual’s gender is _______________________.

MALE/FEMALE/NON-BINARY

_________________________________________ _______________________________

SIGNATURE OF PRACTITIONER PERFORMING EVALUATION DATE OF EVALUATION

Subscribed and sworn to me before this _____day of ______, 20_______

_____________________________________

NOTARY PUBLIC

(SEAL)

EXPIRATION DATE

12-2021
REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE STATE

FEE: $30.00 PER COPY. REMIT MONEY ORDER MADE PAYABLE TO: ‘TREASURER, STATE OF CT’

PLEASE PRINT

FULL NAME ON CERTIFICATE*: __________________________________________________________________________________

DATE OF BIRTH: ______/_____/______ PLACE OF BIRTH: _____________________________________________
MONTH DAY YEAR TOWN/CITY

NAME OF PARENTS: (provide name prior to first marriage/ birth name if applicable):

Mother/ Parent: _________________________________________________________________________________________________
FIRST MIDDLE LAST NAME (Include name prior to first marriage if applicable)

Father/ Parent: _________________________________________________________________________________________________
FIRST MIDDLE LAST NAME (Include name prior to first marriage if applicable)

PERSON MAKING THIS REQUEST:

NAME: ______________________________________________________________________________________________________
FIRST MIDDLE LAST NAME

ADDRESS: _____________________________________________________________________________________________________
NUMBER/STREET/UNIT # TOWN/CITY: __________________________________________________ STATE: ___________ ZIP CODE: _______

TELEPHONE NO: ___________________ E-MAIL ADDRESS: ___________________

SIGNATURE: X___________________________________________________________________________________________________

RELATION TO PERSON NAMED ON CERTIFICATE: ______________________________________________________________

REASON FOR MAKING REQUEST: ________________________________________________________________________________

CERTIFICATE SIZE:  

☐ FULL SIZE  ☐ WALLET SIZE

The wallet size birth certificate contains less information than the full size certificate. It does not satisfy the proof of identification requirements needed for a passport.

NUMBER OF COPIES: __________  NUMBER OF COPIES: __________

TOTAL NUMBER OF COPIES: __________ X $30.00 = $ _______

SEND POSTAL MONEY ORDER ONLY

DO NOT MAIL CASH.
PERSONAL CHECKS ARE NOT ACCEPTED.

Attach a copy of the requester’s valid government issued photo ID or passport below:

Please mail the completed request with the following requirements:

☐ Money order made payable to ‘Treasurer, State of CT’
☐ Current government issued photo ID
☐ (If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent’s birth certificate must provide a certified copy of his/her own birth certificate).

*If adopted, please provide your adoptive name and adoptive parents’ information.
*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.