Instructions for Amending Sex on Birth Certificate

Listed below are the necessary documents that the Department of Public Health will need to amend the sex designator on your birth certificate:

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

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

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

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

If you also have a new name and want it to be reflected on your amended birth certificate:

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

If you would like a certified copy of your 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 your birth certificate will be processed.

If you have any questions, please feel free to contact us at (860) 509-7956.

(Rev 12/21)
AFFIDAVIT OF APPLICANT
TO AMEND SEX ON BIRTH CERTIFICATE TO REFLECT GENDER TRANSITION

I ____________________________________, under penalty of law, declare that I have undergone surgical, hormonal, or other treatment clinically appropriate for the purpose of gender transition. I am therefore requesting that the sex designator on my birth certificate be amended from __________________ to __________________ to reflect my gender transition. (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 name be changed on my birth certificate to reflect my legal name change. I am enclosing the court order that approves this legal name change. (Check box only if you are requesting that your name be changed on your birth certificate)

__________________________________________   ______________    ______________________________________
Signature of Applicant                                    Date                   Applicant's Tel. #

__________________________________________________________________________________________________________________________________
Applicant's Resident Address

Subscribed and sworn to before me this ______ day of ______________, 20_______________________

____________________________________________
NOTARY PUBLIC

(SEAL)
AFFIDAVIT OF HEALTH CARE PRACTITIONER  
Gender Transition Evaluation

MUST BE COMPLETED BY A LICENSED PHYSICIAN, ADVANCE PRACTICE REGISTERED NURSE OR PSYCHOLOGIST

I ________________, ________________________________ ,  swear the following to be true:

NAME OF PRACTITIONER PERFORMING EVALUATION

My Practicing Address is _____________________________________________________________________________

in the City of _____________________________________________, State of ____________________________.

I hold a current license in good standing from the State of ___________________________________________ to

Practice as a _____________________________________________. My license Number is _____________.

PHYSICIAN, APRN, PSYCHOLOGIST

I have evaluated ____________________________________________,

BIRTH NAME

__________________________________________    __________________________
LEGAL NAME CHANGE, IF APPLICABLE    DATE 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

FEES: $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:  _____________________________________________

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

Mother/ Parent: _________________________________________________________________________________________________

Father/ Parent: _________________________________________________________________________________________________

PERSON MAKING THIS REQUEST:

NAME: ________________________________________________________________________________________________________

ADDRESS: _____________________________________________________________________________________________________

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.

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:

Or two (2) forms of the following:
- Social security (SS) card
- Paycheck Stub or a W-2 form showing SS #
- Current school or college photo ID
- Automobile registration
- Copy of utility bill or bank statement with name & address
- See website ct.gov/dph for other forms of ID accepted

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.

Birth Request REV 12-21