

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### 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)



Phone: (860) 509-7956 • Fax: (860) 509-7964  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### AFFIDAVIT OF APPLICANT TO AMEND SEX ON BIRTH CERTIFICATE TO REFLECT GENDER TRANSITION

I \_\_\_\_\_, under penalty of law, declare that I have undergone  
Name of Applicant  
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) (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\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
EXPIRATION DATE

REV 12/2021



Phone: (860) 509-7956 • Fax: (860) 509-7964  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308 MS#11 VRS  
Hartford, Connecticut 06134-0308  
www.ct.gov/dph  
Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

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 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 \_\_\_\_\_ to

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\_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
EXPIRATION DATE

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH  
 VITAL RECORDS SECTION, REPLACEMENT RECORD UNIT  
 410 CAPITOL AVENUE, MS #11VRS  
 P.O. BOX 340308  
 HARTFORD, CT 06134-0308

**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*:		
FIRST	MIDDLE	LAST NAME
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:

<input type="checkbox"/> FULL SIZE  NUMBER OF COPIES: _____	<input type="checkbox"/> WALLET SIZE <div style="background-color: yellow; padding: 5px; font-size: small;">           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.         </div> NUMBER OF COPIES: _____	TOTAL NUMBER OF COPIES: _____ X \$30.00 = \$ _____ <div style="background-color: yellow; padding: 5px; font-weight: bold; font-size: small;">           SEND POSTAL MONEY ORDER ONLY         </div> 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](http://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.

Birth Request REV 12-21

\*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.