

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Instructions for Amending Sex on Marriage Certificate

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

- A notarized affidavit from you, signed under penalty of law, requesting a replacement marriage certificate to reflect that your gender differs from the sex designated on your marriage certificate, along with an affirmation that your marriage is still legally intact.
- A notarized affidavit from your spouse consenting to the amendment and an affirmation that the marriage is still legally intact.
- A photocopy of your valid, government issued photo identification (e.g., driver's license, passport)
- One (1) of the following:**
 - A United States passport reflecting applicant's gender at the date of the request; or
 - An amended birth certificate reflecting applicant's gender at the date of the request; or
 - A court order reflecting applicant's gender at the date of the request; or
 - A notarized affidavit from a licensed physician, a licensed advanced practice registered nurse, a licensed physician assistant or a licensed psychologist, stating that you have undergone surgical, hormonal, or other treatment clinically appropriate for the purpose of gender transition.

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

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

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

If you would like a certified copy of your amended marriage certificate:

- Submit:** An 'Application to Request a Marriage Certificate'. Along with the request form, you will need to send a \$20 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 marriage certificate will be processed.

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

(New 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

Affirmative Action/Equal Opportunity Employer



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AFFIDAVIT OF APPLICANT TO AMEND SEX ON MARRIAGE CERTIFICATE TO REFLECT GENDER TRANSITION

I, _____, under penalty of law, declare that I have undergone gender transition.
Name of Applicant

I am therefore requesting that the sex designator on my marriage certificate be amended from _____ to _____
(Female/ Male /Non-Binary)
_____ to reflect my gender transition.
(Female/ Male/ Non-Binary)

I affirm that the marriage is still legally intact.

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

I am also requesting that my name be changed on my marriage 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 marriage certificate)

Signature of Applicant

Date

Applicant's Telephone #

Applicant's Residential Address

AFFIDAVIT OF APPLICANT'S SPOUSE TO AMEND SEX ON MARRIAGE CERTIFICATE TO REFLECT GENDER TRANSITION

I, _____, under penalty of law, declare that I give consent to amend my marriage
Name of Applicant's Spouse
certificate to reflect my spouse's gender transition. I affirm that the marriage is still legally intact.

Signature of Spouse

Date

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC PRINTED NAME

COMMISSION EXPIRATION DATE

NOTARY PUBLIC SIGNATURE

(NOTARY SEAL)



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**Request for a Certified Copy of Marriage Record
from the State Vital Records**

VS-39MRST Revised: 12/21

PLEASE PRINT

DO NOT MAIL CASH

Groom/Spouse	<u>Full Legal Name Before Marriage</u> First Middle Last		
Bride/Spouse	<u>Full Legal Name Before Marriage</u> First Middle Last		
Date of Marriage * (Month/Day/Year))		Town of Marriage	

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

Name:

First Middle Last Name

Address:

Number Street

Town/City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ **E-Mail Address: (optional):** _____

Relation to Person Named in Certificate: _____

Signature: _____

The fee for a copy of Marriage Certificate is \$20.00 per copy.

Number of Copies Requested: _____ **Amount Enclosed: \$** _____

**FEE: \$20.00 PER COPY. Remit a Postal Money Order made payable to: "Treasurer, State of Connecticut"
(Personal Checks are not accepted)**

Mail this request to:

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