



Applicant Affidavit in Support of Amendment of a Birth Certificate for Sex

Registry of Vital Records and Statistics
Massachusetts Department of Public Health



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|--|--|---------------------------|--|
| Information on existing birth certificate | Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ | | |
| | Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> | Date of Birth: 01/01/1980 | City/Town of Birth: _____ |
| | Parent 1 Name: _____ | | |
| | Parent 2 Name: _____ | | |
| Name and Sex to appear on amended birth certificate | Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____ | | |
| | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X | | |
| Applicant's contact information | Mailing Address: _____ | | |
| | Telephone (optional): _____ | Email (optional): _____ | |
| Applicant affidavit | <p>The listed subject is not of the sex recorded on the existing Massachusetts birth certificate. I hereby request a permanent amendment of the birth certificate listed above to reflect the accurate sex and name. In addition to this Affidavit, I am also submitting:</p> <p><input checked="" type="checkbox"/> A court-certified copy of a legal name change decree (if applicable); and</p> <p><input checked="" type="checkbox"/> A check or money order for all fees payable to the Commonwealth of Massachusetts.</p> | | |
| For subjects under 18 yrs. of age. | I declare under the pains and penalties of perjury that the information contained herein is true and accurate and not made for any fraudulent purpose. I have legal custody of the named minor child. Upon signing, I am authorizing a permanent change to the birth certificate above. | | |
| | Name of Parent/Guardian _____ | | Name of Second Parent/Guardian (optional) _____ |
| | Signature of Parent/Guardian _____ | Date _____ | Signature of Parent/Guardian (optional) _____ Date _____ |
| For subjects over 18 yrs. of age. | <p>I declare under the pains and penalties of perjury that the information contained herein is true and accurate and not made for any fraudulent purpose. Upon signing, I am authorizing a permanent change to the birth certificate above.</p> <p>Signature of Subject _____ Date _____</p> | | |
| For more information or to apply | <p>An application for amendment may be submitted by mail or by making an appointment at the Registry of Vital Records and Statistics (RVRS) or in the City/Town of birth. If submitting in person at RVRS, please bring a valid form of photo identification. By mail to RVRS, please have Affidavit notarized and include all required documents and fees and send your request to:</p> <p style="text-align: center;">Registry of Vital Records and Statistics Attn: Amendments 150 Mt. Vernon Street, 1st Floor Dorchester, MA 02125</p> <p>For more information or to make an appointment, telephone: (617) 740-2600 or email: RVRSAmendments@mass.gov Amendments also may be made at the Clerk's Office in the city or town of birth. Fees for amendments and certified copies vary by community.</p> | | |