



**Attestation Form**  
**(For named parents or legal guardians of a registrant less than 18 years of age)**

Please use the attached form to affirm/attest that a birth certificate's gender marker should be changed. Follow the instructions below. Missing information may delay the application review process:

1. Provide a response for every blank line.
2. Sign and notarize the form.
3. Submit the following documents with the signed and notarized Attestation or Self-Attestation Form:
  - A completed [Birth Certificate Correction Application](#) Form
  - A signed copy of current photo identification
  - A check or money order for \$55 (\$40 processing fee plus \$15 fee for new certificate) made payable to the NYC Department of Health and Mental Hygiene
4. Mail the completed form and all required documents to:  
New York City Department of Health & Mental Hygiene  
Corrections Unit  
125 Worth Street, Room 144, CN-4  
New York, NY 10013

For questions on how to complete an application, email [tgny@health.nyc.gov](mailto:tgny@health.nyc.gov).

**I. Parent/Legal Guardian 1 Information:**

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____	_____	
DATE OF BIRTH	STREET ADDRESS	APT. NO.
Relationship to Registrant: _____	_____	
	CITY	STATE ZIP
_____		
TELEPHONE NUMBER		

**II. Parent/Legal Guardian 2 Information (if applicable):**

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____	_____	
RELATIONSHIP TO REGISTRANT	STREET ADDRESS	APT. NO.
_____	_____	
CITY	STATE ZIP	TELEPHONE NUMBER

**III. Applicant/Registrant Information:**

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
Certificate No.: _____	_____	
	DATE OF BIRTH	

**IV. Attestation:**

I, \_\_\_\_\_, \_\_\_\_\_, hereby  
Parent/Legal Guardian 1 (print name) Parent/Legal Guardian 2 (print if applicable)  
attest under the penalty of perjury that the request to change the gender marker on birth  
certificate no. \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_,  
M/F/X M/F/X  
is to reflect the true gender identity of the registrant and is not for any fraudulent purpose.

Parent/Legal Guardian 1 Signature

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2 Signature

\_\_\_\_\_ Date: \_\_\_\_\_

<p>TO BE COMPLETED BY NOTARY</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>SUBSCRIBED AND SWORN BEFORE ME:</p> <p>THIS _____ DAY OF _____, 20_____</p> <p>_____ NOTARY PUBLIC SIGNATURE</p>	<p>NOTARY PUBLIC SEAL</p>
---	---------------------------

**Warning: No person shall make a false, untrue, or misleading statement or forge the signature of another on an application required to be prepared pursuant to the New York City Health Code. A violation of the Health Code shall be punishable as a misdemeanor. (NYC HEALTH CODE 3.19).**