Self-Attestation Form
for Registrants 18 Years of Age and Older

Use the attached form to affirm and 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 — find the form at on.nyc.gov/birthcertcorrect.
   - 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:
   
   NYC Department of Health and Mental Hygiene Corrections Unit
   125 Worth Street, Room 144, CN-4
   New York, NY 10013

For questions on how to complete an application, email tgnyc@health.nyc.gov.
I. Applicant/Registrant Information:

First Name ___________________________________________ Middle Name ___________________________ Last Name ___________________________________________

Date of Birth ___________________________ Street Address, Apartment Number ___________________________

City ___________ State ___________________________ ZIP Code ___________________________

Certificate Number: ___________________________

II. Attestation:

I, ___________________________________________, hereby attest under the penalty of perjury that the request to change the gender marker on my birth certificate number ___________________________, from ___________________________ to ___________________________, is to reflect my true gender identity and is not for any fraudulent purpose.

Signature: ___________________________ Date: ___________________________

To be completed by Notary

State of ___________________________

County of ___________________________

Subscribed and sworn before me:
this _______ day of _________, 20_____

____________________________________

Notary Public Signature

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).

* M is male, F is female, and X is a gender that is not exclusively male or female (a nonbinary gender identity).