



## **Self-Attestation Form (For registrants 18 years of age and over)**

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 [tgnyc@health.nyc.gov](mailto:tgnyc@health.nyc.gov).

**I. Applicant/Registrant Information:**

_____	_____	_____
FIRST NAME	MIDDLE NAME	LAST NAME
_____	_____	
DATE OF BIRTH	STREET ADDRESS	APT. NO.
Certificate No.:	_____	
	CITY	STATE ZIP
	_____	
	TELEPHONE NUMBER	

**II. Attestation:**

I, \_\_\_\_\_, hereby attest under the  
Applicant/Registrant (please print)  
penalty of perjury that the request to change the gender marker on my birth certificate  
no. \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_, is to reflect  
M/F/X M/F/X  
my true gender identity and is not for any fraudulent purpose.

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>
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**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).**