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.
I. Applicant/Registrant Information:

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>STREET ADDRESS</th>
<th>APT. NO.</th>
</tr>
</thead>
</table>

Certificate No.: ________________________________

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
</table>

II. Attestation:

I, ________________________________________________________, hereby attest under the 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: __________________________

TO BE COMPLETED BY NOTARY

STATE OF ________________________________

COUNTY OF ________________________________

SUBSCRIBED AND SWORN BEFORE ME:

THIS _________ DAY OF __________, 20________

________________________________________

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC SEAL

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).