



Attestation Form
for Named Parents or Legal Guardians of a Registrant Younger Than 18 Years Old

Use this 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](https://on.nyc.gov/birthcertcorrect) — find the form at on.nyc.gov/birthcertcorrect.
 - 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:

NYC Department of Health and Mental Hygiene Corrections Unit
Attention: Group A
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. Parent or Legal Guardian 1 Information:

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	
Date of Birth	Street Address, Apartment Number	
_____	_____	_____
City	State	ZIP Code
<div style="border: 1px solid black; padding: 5px;">Relationship to Registrant:</div>		_____
		Telephone Number

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

_____	_____	_____
First Name	Middle Name	Last Name
_____	_____	
Date of Birth	Street Address, Apartment Number	
_____	_____	_____
City	State	ZIP Code

Telephone Number		

III. Applicant/Registrant Information:

_____	_____	_____
First Name	Middle Name	Last Name
<div style="border: 1px solid black; padding: 5px;">Certificate Number:</div>		_____
		Date of Birth

The form continues on the next page.

IV. Attestation:

I, _____, _____, hereby
Parent or Legal Guardian 1 (print name) Parent or Legal Guardian 2 (if applicable)
attest under the penalty of perjury that the request to change the gender marker on birth
certificate number _____, from _____ to _____
M, F, or X* M, F, or X
is to reflect the true gender identity of the registrant and is not for any fraudulent purpose.

Parent or Legal Guardian 1 Signature

Date

Parent or Legal Guardian 2 Signature, if applicable

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).

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