

# Affidavit of Gender Identity

Amendment of Vermont Birth Certificate to Reflect Gender Identity

## Applicant Information:

If registrant is under 16 years of age, a parent or legal guardian must complete this form.

Applicant's relationship to person named on the birth certificate:

Self (age 16 or older)     Parent of Minor Registrant     Legal Guardian of Minor Registrant

Applicant's current legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Number and Street) (City/Town) (State/Country) (Zip)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

## Registrant Information as it Appears on Current Birth Certificate:

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ City/Town of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

I am requesting that the sex on the birth certificate identified above be changed.

Sex currently shown on record:

Male  Female  X (Non-binary)

Sex as it should appear:

Male  Female  X (Non-binary)

## Applicant Attestation: Sign your name ONLY in the presence of a Notary Public.

*I attest that this request is for the purpose of affirming my/the registrant's gender identity, which is different than the sex shown on the current birth certificate.*

▶ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Public: Signed and sworn before me on: \_\_\_\_\_  
(Date)

▶ Signature of Notary Public: \_\_\_\_\_ State and county of: \_\_\_\_\_

Commission Number: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

**Mail Form To:** Vermont Department of Health  
Vital Records Office  
108 Cherry Street, PO Box 70  
Burlington, VT 05402

To obtain a certified copy of the amended birth certificate, a separate application and related fee are required. For more information visit [www.healthvermont.gov/VitalRecords](http://www.healthvermont.gov/VitalRecords).