

Death Certificate Gender Marker Pre-Registration Application

Center for Policy Planning and Evaluation

Vital Records Division

APPLICANT INFORMATION (AT BIRTH):

First Name: _____ Middle Name: _____ Last Name/Suffix: _____

APPLICANT INFORMATION (CURRENT):

First Name: _____ Middle Name: _____ Last Name/Suffix: _____

Sex Assigned at Birth: _____ Gender Identity or Expression: _____

Date of Birth: _____ City of Birth: _____ State of Birth: _____

SSN: _____

LEGAL AUTHORITY:

By completing this application, you are requesting that your gender identity or expression be presented on your District of Columbia death certificate. (D.C. Code § 7-231.12(d))

Completion of this application at the Vital Records Division office is required to pre-register gender identity or expression for District of Columbia death certificates. (D.C. Code § 7-231-07(b))

Vital records, including related documents, and data or information contained therein, are not be subject to disclosure under the Freedom of Information Act of 1976. (D.C. Code § 7-231.24(a))

Death records are open when 75 years have elapsed from the date of death or fetal death. (D.C. Code § 7-231.24(i)(2)) However, the original record of death, including the gender as reported by the death certifier, along with any documents submitted pursuant to this subsection, shall not be subject to inspection during the open record period unless ordered by the court. (D.C. Code § 7-231.20(e)(4))

Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information for the purpose of creating, obtaining or amending a vital record may be subject to a fine or imprisonment (D.C. Code § 7-231.28)

APPLICANT SIGNATURE:

Applicant Signature: _____ Date: _____

Notary Public: _____

Sworn to and subscribed in my presence on this (Month, Day, Year) _____

STATE REGISTRAR APPROVAL:

State Registrar Name: _____

State Registrar Signature: _____ Date: _____