



**Government of the District of Columbia
Department of Health**



GENDER DESIGNATION POLICIES, PROCEDURES AND INSTRUCTIONS

In order to apply for an updated gender marker (and name, if applicable) on your DC birth certificate, you must submit the following:

1. Completed Birth Certificate Gender Designation Application Form, signed by the applicant (address on the application should be the address where you want your certificate mailed);
2. Completed and signed Statement of Licensed Healthcare Provider Certifying the Applicant's Gender Designation, signed by your healthcare provider;
3. Photocopy of the applicant's non-expired photo ID (driver's license, passport, or other government issued identification card) that reflects a good likeness and satisfactorily identifies the applicant;
4. Original or certified copy of the Court Order for a Name Change, if applicable; and
5. A check or money order payable to DC Treasurer for total cost. Amending birth certificate (\$28.00) + certified copy of birth certificate (\$23.00) = \$51.00.

You can apply for your updated birth certificate in person or by mail at the Department of Health, Vital Records Division, First Floor, 899 North Capitol Street, NE, Washington, DC 20002.

Please note the following:

1. The application form and certification form from a healthcare provider are the only documentation of gender change required; no additional medical information will be requested.
2. Sexual reassignment surgery is not a prerequisite for changing the gender marker on a birth certificate.
3. The Gender Designation Application Form and Certified Healthcare Provider statement contains private medical information and will be kept confidential and protected at all times.
4. The original certificate and all documents pertaining to the issuance of the new certificate following a gender designation change shall be sealed and shall not be subject to inspection except by the Registrar for the purpose of administering the vital records system or by order of a court of competent jurisdiction.
5. If an applicant is also requesting a name change, an original or certified copy of a Court Order must be provided with the request.
6. Certificates issued with a gender marker change, and related name change if applicable, will not show no indication on the certificate that it has been amended.
7. Requests for a change of gender designation on a certified birth certificate will take up to three (3) business days to process. This allows sufficient time for Vital Records Division staff to confirm information submitted and to retrieve the original paper record information so that it can be sealed and sent to the Archives.
8. If you have ever changed the gender designation on your birth certificate previously, you will need a court order to change the designation a second time. Please also note that after your first legal name change, any subsequent legal name change will be marked as amended on your birth certificate.



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BIRTH CERTIFICATE GENDER DESIGNATION APPLICATION FORM

Birth Certificate File Registration Number: _____

Birth Record Holder's Name: _____
(as currently indicated on birth certificate) LAST FIRST MIDDLE

Birth Record Holder's Date of Birth: ____/____/____

Applicant's Relationship to Birth Record Holder: ___Self ___Parent ___Guardian ___Legal Representative

Birth Record Holder's Address:

STREET (APT, SUITE, #) CITY, STATE ZIP

Birth Record Holder's Phone Number: _(____)____-____

Birth Record Holder's E-Mail Address _____

Has this birth record holder ever changed the gender designation on his/her birth certificate before? ___Yes ___No
If yes, pursuant to DC Law, a court order is necessary for Vital Records Division staff to open a sealed birth record.

I, _____, make application to designate the gender marker on my birth certificate to read: ___Male ___Female

I, _____ hereby affirm under penalty of law that this request for gender designation is for the purpose of ensuring that my District of Columbia birth certificate accurately reflects my gender and is not for any fraudulent or other unlawful purpose. The following support documentation is provided to support this application request for changing the gender designation on my District of Columbia birth certificate:

___ Name Change. If the birth record holder also requests that the birth certificate reflect his/her current legal name, he/she must present an original or certified copy of a court order of competent jurisdiction granting a change of name; and

___ Required: A signed original statement from a licensed healthcare provider who has treated the birth record holder for his/her gender-related care or reviewed and evaluated the gender-related medical history of the individual and can attest to the fact that the individual has undergone surgical, hormonal or other treatment appropriate for the individual for the purpose of gender transition based on contemporary medical standards or that the individual has an intersex condition and that in the healthcare provider's professional opinion, the individual's gender designation should be changed.

I hereby certify under penalty of law that the foregoing information and the support documentation provided to support this application request is true and correct. I understand that a person who willfully or negligently makes a false certification shall be subject to a fine or not more than two hundred dollars (\$200.00), imprisonment of not more than ninety (90) days or both. Civil fines, penalties and fees may be imposed as sanctions for any infraction pursuant to Chapter 18 of Title 2. Adjudication of any infractions shall be pursuant to Chapter 18 of Title 2.

Applicant's Signature: _____ Date: _____

Vital Records Division Acceptance (Name): _____ Date: _____

Application requests will take up to three (3) business days to process to allow sufficient time to confirm information and to retrieve the original birth record information so that it can be sealed and sent to the Archives for storage.

VITAL RECORDS DIVISION



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Statement of Licensed Healthcare Provider Certifying the Applicant's Gender Designation

Name of Healthcare Provider: _____ Name of Applicant: _____
(Print) (As Currently Indicated on Birth Certificate)

Address: _____
(Healthcare Provider)

Telephone Number: _____ Email: _____ Fax: _____
(Healthcare Provider)

I, _____ am a licensed healthcare provider (Licensed Physician, Licensed Osteopathic Physician, Licensed Psychologist, Licensed Independent Clinical Social Worker, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Nurse Practitioner) in good standing in (Issuing US State/Foreign Country) _____.

My professional license/certificate number is _____.

I am the healthcare provider for _____ with whom I have a healthcare provider/patient relationship and whom I have treated or whose medical history I have reviewed and evaluated. I hereby certify and confirm that _____ has undergone surgical, hormonal or other treatment appropriate for the individual for the purpose of gender transition based on contemporary medical standards or the individual has an intersex condition. In my professional opinion, the individual's gender designation on their birth certificate should be changed to _____ Male
_____ Female.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and acknowledge and understand that any person who willfully or negligently makes a false certification is subject to civil fines, penalties and fees.

Signature of Healthcare Provider: _____

Print Name of Healthcare Provider: _____

Date: _____

Health Care Provider Office Stamp (If Available)

Vital Records Division