

Request to Change Sex Designation on a Birth Certificate for an Adult

Who may request a change?

An adult who was born in Washington State and wants to change their sex designation on their birth certificate may request the change using this form.

What is required under WAC 246-490-075?

Adults (over 18 years of age or an emancipated minor)

- The request form must be completed by a person requesting to change the sex designation on their birth certificate. Emancipated minors must include proof of legal emancipation under chapter 13.64 RCW (i.e. certified court order). Guardians acting on behalf of an adult must include proof of guardianship appointed under chapter 11.92 RCW.
- The request form must be signed in the presence of a Notary Public.

Applicable Fees

There is no fee to amend the record. If you would like to order a certificate with a correction request send a completed [Certificate Order Form](#) with your correction request with a check /money order for \$25. Include all required documents referenced on the certificate application instruction page. The certificate will be issued after processing the correction.

Exchanging a certificate: If you currently have a certified copy of a certificate that was issued less than one year ago, send in the certified copy of the certificate with this correction request; we will exchange the certificate at no charge.

Additional Information

If your full current legal name is different than the full name listed on your birth certificate, you must provide a certified legal name change court order with this request form. If you want your full current legal name amended on your birth certificate, indicate by checking the appropriate box. Additional proof documentation might be requested. For information on legally changing your name, please visit www.doh.wa.gov/VitalRecords.

Use by government agencies

At this time we are unsure if other agencies, such as Passport, will accept these amended certificates. For those that include change of sex, nothing on the record will indicate a change was made. This will make it difficult to connect the current record with the previous name on other documentation. In some cases, a court order might be needed for full use of the new name and sex designation.

Mailing the form:
Center for Health Statistics
Department of Health
PO Box 47814
Olympia WA 98504

Phone: 360-236-4300

Email: VitalRecordsCorrections@doh.wa.gov

Web: www.doh.wa.gov/VitalRecords

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CLEARLY PRINT OR TYPE INFORMATION. This request form must be signed in the presence of a Notary Public. See the front page *Information Sheet* for instructions and further details. **WARNING:** Willfully providing a false statement to the Department of Health for a certificate is a gross misdemeanor under Washington law. RCW 70.58A.590(2).

Complete in Ink

Office Use Only				
Certificate Number	Fee Number	Date Amended	Staff Initials	Amendment Number
Applicant's Information				
First name <i>(as appears on Birth Certificate)</i>	Middle name <i>(as appears on Birth Certificate)</i>	Last name <i>(as appears on Birth Certificate)</i>		
Full current legal name <i>(if different, submit certified legal name change court order)</i>				
First	Middle	Last		
Amend name on birth certificate? ☐ Yes ☐ No	Date of Birth <i>(MM/DD/YYYY)</i>	Place of Birth <i>(City or County)</i>		
Mother/ Parent 1 Birth Name <i>(First, Middle, Last)</i>				
Father/ Parent 2 Birth Name, if applicable <i>(First, Middle, Last)</i>				
Mailing Address <i>(Address, City, State, ZIP code, Country)</i>				
Phone number () -		Email Address		
What sex designation is currently shown on your birth certificate?..... ☐ Male ☐ Female ☐ X				
What sex designation are you requesting to show on your birth certificate?..... ☐ Male ☐ Female ☐ X				

By signing and submitting this document to the Department of Health, you certify under penalty of perjury under the laws of the State of Washington (chapter 9A.72 RCW) that the foregoing is true and correct.

Requestor signature _____

Signed and sworn before me on _____ by _____
Date (MM/DD/YY)
Print Full Name of Requestor

State of _____, County of _____

_____,
Signature of Notary Public
Title of Office

_____, My commission expires _____
Printed Full Name of Notary Public
Notary Use Only

Place notary
seal here