



DOH 422-144 July 2022

Request to Change Sex Designation on a Birth Certificate for a Minor

Who may request a change?

A minor 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?

Minors (under 18 years of age and not emancipated)

- The request form must be completed and signed by a parent or legal guardian on behalf of the minor wanting to change the sex designation on their birth certificate. Legal guardians acting on behalf of the minor must include proof of legal guardianship (i.e. certified court order).
- The request form must be signed by a licensed health care provider, including licensed mental health care provider, whose scope of practice allows them to determine that the requested change is consistent with the minor's identity.

Applicable Fees

There is no fee to amend the record.

If you would like to order a certificate with a correction request send completed [Certificate Order Form](#) with your correction request with a check /money order for \$25. Include all required documents referenced on the instruction page for the certificate. 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 child is under 18 years old and you have not legally changed their given first and middle names, you can submit an [Affidavit for Correction](#) with consent of all listed parents to change the first and middle names. If your child's name has been legally changed on their birth certificate, you must provide a certified legal name change court order with this request form. If you want their full current legal name amended on their birth certificate, indicate by checking the appropriate box. Additional proof documentation might be requested. For information on legally changing their name, please visit our website at 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. 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>				Amend name on birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth <i>(MM/DD/YYYY)</i>			Place of Birth <i>(City or County)</i>	
Mother/ Parent 1 name as it appears on Birth Certificate <i>(First, Middle, Last)</i>				
Father/ Parent 2 name as it appears on Birth Certificate, if applicable <i>(First, Middle, Last)</i>				
Mailing Address <i>(Address, City, State, ZIP code, Country)</i>				
Daytime phone () -			Email Address	
What sex designation is currently shown on the birth certificate?..... <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> X				
What sex designation are you requesting to show on the birth certificate?..... <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> X				
<i>I authorize the licensed health care provider listed in the health care provider section to release information related to this request. I certify under penalty of perjury under the laws of the State of Washington (chapter 9A.72 RCW) that the foregoing is true and correct.</i>				
X _____		_____		_____
Parent/ Legal Guardian signature		Relationship to minor		Date signed

Health Care/ Mental Health Care Provider Attestation

This section must be completed by a licensed health care provider or licensed mental health care provider, whose scope of practice allows them to determine that the requested change is consistent with the minor's identity.

Your name as it appears on your license		Credential type
Professional License number	Expiration date	Issuing state/jurisdiction
Phone number () -		Email Address
Attest to the following:		
1. I attest that I have a provider /patient relationship with the minor..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. I attest that the requested designation is consistent with the minor's identity..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>By signing and submitting this document to the Department of Health, I certify under penalty of perjury under the laws of the State of Washington (chapter 9A.72 RCW) that the foregoing is true and correct.</i>		
X _____		_____
Health care provider signature		Date signed

Print name		