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 want a certified copy of the new birth certificate, complete a Certificate Order Form and include $20 for each certified copy requested. Make check or money order payable to DOH.

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 https://www.doh.wa.gov.

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.

Submitting the form in person:
101 Israel Rd. SE
Tumwater, WA 98501
8:30 a.m. – 4:00 p.m.

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

Phone: 360-236-4300
Email: SexDesignationChange@doh.wa.gov
Web: https://www.doh.wa.gov
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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 70.58.280(2).

**Minor’s Information**

<table>
<thead>
<tr>
<th>First name (as appears on Birth Certificate)</th>
<th>Middle name (as appears on Birth Certificate)</th>
<th>Last name (as appears on Birth Certificate)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Amend name on birth certificate?

- Yes
- No

Date of Birth (MM/DD/YYYY) | Place of Birth (City or County)

Mother/ Parent 1 name as it appears on Birth Certificate (First, Middle, Last)

Father/ Parent 2 name as it appears on Birth Certificate, if applicable (First, Middle, Last)

Mailing Address (Address, City, State, ZIP code, Country)

Daytime phone ( ) - Email Address

What sex designation is currently shown on the birth certificate? Male □ Female □ X

What sex designation are you requesting to show on the birth certificate? Male □ Female □ X

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.

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.

<table>
<thead>
<tr>
<th>Professional License number</th>
<th>Expiration date</th>
<th>Issuing state/jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Phone number ( ) - Email Address

Attest to the following:

1. I attest that I have a provider/patient relationship with the minor………………………………………………… □ Yes □ No

2. I attest that the requested designation is consistent with the minor’s identity………………………………………………… □ Yes □ No

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.

Health care provider signature ______________________ Print name ______________________ Date signed ____________