

Requester's Affidavit for Sex Change on Birth Certificate
16 DE Admin. Code 4205 Vital Statistics, Section 10.7 of this regulation

Print Requester's Full Name at Birth (For Minor, print and sign parent's name): _____

If Name Change with Court Order, Requester's Current Name: _____

If Request is for Minor, please print minor's name: _____

Requester's Date of Birth: ___/___/_____

Sex at Birth: Male Female

Address: _____

Complete the appropriate section that applies to you.

REQUESTERS 18 YEARS OR OLDER: I, _____, am 18 years of age or older and am competent to provide a sworn, attested affidavit. I officially request the sex on my birth certificate be changed to **male** or **female** in accordance with 16 DE Admin. Code 4205 Vital Statistics, subsection 10.7.1.1 of this regulation. (or)

FOR MINORS: I am the **parent** or **guardian** of _____, who is a minor, and I am competent to provide a sworn, attested affidavit on the child's behalf. I officially request the sex on the child's birth certificate be changed to **male** or **female** in accordance with 16 DE Admin. Code 4205 Vital Statistics, subsection 10.7.1.1 of this regulation. (For guardians, please include the Court guardianship paperwork.)

I, or the child, have been under the care of a U.S. licensed healthcare provider, Enter full name _____ (required Healthcare Provider's Affidavit attached in accordance with 16 DE Admin. Code 4205 Vital Statistics, subsection 10.7.1.2 of this regulation).

I, hereby certify and confirm that this decision is based on one of the following. (*Please initial one.*)

____ I, or the child, have undergone surgical, hormonal, psychological or other treatment appropriate for the purpose of gender transition, based on contemporary medical standards.

____ I, or the child, have an intersex condition, and that in the provider's professional opinion, the sex as listed on my original birth certificate should be changed.

NOTARY ACKNOWLEDGMENT

STATE OF _____:

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20__.

Notary Public

Title

My commission expires: _____