

State of New Jersey Department of Health
Office of Vital Statistics and Registry
Request Form and Attestation (REG-L2)
to Amend Sex Designation
to Reflect Gender Identity on a Birth Certificate - Adult

In compliance with N.J.S.A. 26:8-40.12, the State Registrar shall issue an amended certificate of birth to a person born in the State of New Jersey who requests an amended certificate of birth which shows the gender and, if applicable, the new name of the person if it has been changed. Specifically, "The State Registrar shall issue the amended certificate of birth upon receipt of: (1) a certified copy of an order from a court of competent jurisdiction which indicates that the name of the person has been changed, if the person has changed his or her name; and (2) a form provided by the State Registrar and completed by the person, [...]which affirms the following language: 'I, (petitioner's current full name), hereby attest under penalty of perjury that the request for a change in gender to (female, male, or undesignated/non-binary) is to conform my legal gender to my gender identity and is not for any fraudulent purpose.'"

QUESTION 1. PETITIONER'S INFORMATION				
1A. Petitioner's Name (as it appears on your current Birth Certificate)				
First	Middle	Last		
1B. Petitioner's Current Legal Name *Required attachment: Proof of identity showing your full legal name.				
First	Middle	Last		
1C. Is your current legal name different from that which appears on your current Birth Certificate?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
*If yes, required attachment: A certified copy of the legal name change court order, or Marriage Certificate.				
1D. Date of Birth <small>(MM/DD/YYYY)</small>	1E. Place of Birth			
	<small>City</small>	<small>County</small>		
1F. Mother/Parent A Name (as it appears on your current Birth Certificate)				
First	Middle	Last		
1G. Father/Parent B Name (as it appears on your current Birth Certificate)				
First	Middle	Last		
1H. Petitioner's Mailing Address				
Street Address	City	State	Zip Code	Country
1I. Petitioner's Phone Number ()	1J. Petitioner's Email Address			

QUESTION 2. INFORMATION REQUIRED FOR AMENDMENT OF YOUR BIRTH CERTIFICATE				
2A. Which sex designation is <u>currently</u> shown on your Birth Certificate?				
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Yet Determined				
2B. Which sex designation/gender identity are you requesting to be shown on your amended Birth Certificate?				
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Undesignated/Non-binary				
<i>"Undesignated/Non-binary" encompasses all gender identities that are not exclusively male or female.</i>				
2C. Are you requesting a name change on the amended Birth Certificate?				
<input type="checkbox"/> Yes (\$2 fee) <input type="checkbox"/> No - If no, skip to Question 3.				
2D. If requesting a name change, have you obtained a court order for a name change?				
<input type="checkbox"/> Yes <input type="checkbox"/> No - If no, name change will not be processed. Skip to Question 3.				
*If yes, required attachment: A certified copy of the legal name change court order.				
2E. If requesting a name change with court order, what is the current full legal name indicated on the court order?				
<i>This is the full legal name that will appear on the amended Birth Certificate.</i>				
First	Middle	Last		

State of New Jersey Department of Health
Office of Vital Statistics and Registry
Request Form and Attestation (REG-L2)
to Amend Sex Designation
to Reflect Gender Identity on a Birth Certificate - Adult

QUESTION 3. ORDER CERTIFIED COPIES OF AMENDED BIRTH CERTIFICATE

3A. Do you want certified copies of the amended Birth Certificate at this time?

- Yes - 3B. How many copies? _____
($\$6$ for first copy; $\$2$ for each additional copy ordered at the same time as the first request.) See fees section below.
- No

ATTESTATION

Attestation and signature are required to process request.

I, _____ (*petitioner's current full name*), hereby attest under penalty of perjury that my request for a change in gender to Female Male Undesignated/Non-binary is to conform my legal gender to my gender identity and is not for any fraudulent purpose.

Petitioner's Signature _____ Date _____

FEES, IF APPLICABLE

Please calculate fees owed below. Make check or money order payable to "Treasurer, State of New Jersey." Do not send cash.

_____ $\$6.00$ one-time fee for the first requested certified copy of the amended birth certificate.

_____ $\$2.00$ X _____ (for each additional certified copy of the amended birth certificate ordered at the same time as the first request).

_____ $\$2.00$ one-time fee to register a court ordered legal name change with the State of New Jersey, Department of Health, Office of Vital Statistics and Registry. Only submit this fee if requesting a name change on the amended Birth Certificate (and submitting court order for name change with this request).

_____ **$\$$ TOTAL Submitted** *Make check or money order payable to "Treasurer, State of New Jersey." Do not send cash.*

Note: For copies of certified birth certificates requested at any later date, the fee is $\$25.00$ for the first copy and $\$2.00$ for each additional copy.

SUBMISSION BY MAIL WITH REQUIRED ATTACHMENTS AND FEES, IF APPLICABLE

Office of Vital Statistics & Registry – Records Modification Unit
NJ Department of Health
P.O. Box 370
Trenton, NJ 08625-0370

Amendment requests are not accepted in-person.

Questions? Please see related "Frequently Asked Questions" available on the NJ Department of Health - Office of Vital Statistics and Registry website.