



VERMONT

Application for New Vermont Birth Certificate Following

DEPARTMENT OF HEALTH

Sex Change

Vital Records Office

P.O. Box 70

Burlington, VT 05402

Information from Original Birth Certificate

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: __/__/____

Statement of Completion of Sexual Reassignment

I have completed sexual reassignment through hormonal, surgical, or other treatment and request that the State Registrar issue a new birth certificate pursuant to 18 V.S.A § 5112 reflecting my sex as:

Male

Female

Name Change Request

If also requesting a change of name on your birth certificate,

I have attached a certified copy of a court decree authorizing a change of name.

Attached Forms

Attached are:

- Affidavit of Physician in Support of Issuance of New Birth Certificate
- Copy of original birth certificate
- Certified copy of court-ordered name change (only if requesting this change on your birth certificate)

Signature

Signature: _____ Date Signed: __/__/____

Print Name: _____

Daytime Phone: (____) _____ - _____ Email Address: _____

Return the completed application and documents identified above to:

Vermont Department of Health
 Vital Records Office
 108 Cherry Street, PO Box 70
 Burlington, VT 05402