

# Procedure for Changing the Sex Listed on Your Birth Certificate

The West Virginia Health Statistics Center (HSC) will change the sex listed on the applicant's birth certificate contingent upon the submission of this fully and accurately completed form. The applicant is not required to have changed their sex or gender designation on other forms of identification. HSC employees shall not request additional gender-related information beyond that required on the applicable form or otherwise inquire about the applicant's private medical history or records.

## Applicants requesting to change the gender listed on their birth certificate must:

- Submit this affidavit after it has been accurately completed by both the applicant and their physician.
- Submit the application for a certified copy of a birth certificate and pay any applicable fees. The application is available online at <https://dhhr.wv.gov/HSC/forms/Pages/Certificate-Request-Forms.aspx>
- Submit the appropriate affidavit to correct form
  - For adults: [https://dhhr.wv.gov/HSC/forms/Documents/Affidavit\\_to\\_correct\\_birth.pdf](https://dhhr.wv.gov/HSC/forms/Documents/Affidavit_to_correct_birth.pdf)
  - For minors: [https://dhhr.wv.gov/HSC/forms/Documents/Affidavit\\_of\\_minor.pdf](https://dhhr.wv.gov/HSC/forms/Documents/Affidavit_of_minor.pdf)

APPLICANT NAME (LAST, FIRST, THEN MIDDLE)		DATE OF BIRTH
STREET ADDRESS		COUNTY OF BIRTH
CITY, STATE, AND ZIP CODE		
<p><i>I, _____, wish to change the sex designation</i></p> <p><i>on my West Virginia birth certificate to:</i></p> <p style="text-align: right;"><input type="checkbox"/> <i>male</i>    <input type="checkbox"/> <i>female</i></p>		
(X) _____ SIGNATURE OF APPLICANT	_____/_____/_____ DATE	

PHYSICIAN NAME (LAST, FIRST, AND MIDDLE)	PHYSICIAN TITLE	MEDICAL LICENSE NUMBER
PHYSICIAN ORGANIZATION NAME (IF APPLICABLE)		PHYSICIAN PHONE NUMBER
PHYSICIAN ADDRESS		
<p><i>In my professional opinion, the applicant's sex designation should be</i></p> <p style="text-align: center;"><input type="checkbox"/> <i>male</i>    <input type="checkbox"/> <i>female</i></p>	<p><i>I hereby certify under penalty of perjury/law that the information contained herein is true and correct.</i></p> <p>(X) _____ SIGNATURE OF LICENSED PHYSICIAN</p> <p style="text-align: right;">_____/_____/_____ DATE</p>	