

Request to Change Sex Designation on a Birth Certificate for an Adult

Who may request a change?

An adult 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?

Adults (over 18 years of age or an emancipated minor)

- The request form must be completed by a person requesting to change the sex designation on their birth certificate. Emancipated minors must include proof of legal emancipation under chapter 13.64 RCW (i.e. certified court order). Guardians acting on behalf of an adult must include proof of guardianship appointed under chapter 11.92 RCW.
- The request form must be signed in the presence of a Notary Public.

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 full current legal name is different than the full name listed on your birth certificate, you must provide a certified legal name change court order with this request form. If you want your full current legal name amended on your birth certificate, indicate by checking the appropriate box. Additional proof documentation might be requested. For information on legally changing your 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. This request form must be signed in the presence of a Notary Public. 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).

Applicant's Information

First name <i>(as appears on Birth Certificate)</i>	Middle name <i>(as appears on Birth Certificate)</i>	Last name <i>(as appears on Birth Certificate)</i>
Full current legal name <i>(if different, submit certified legal name change court order)</i>		Amend name on birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth <i>(MM/DD/YYYY)</i>	Place of Birth <i>(City or County)</i>	
Mother/ Parent 1 name as it appears on Birth Certificate <i>(First, Middle, Last)</i>		
Father/ Parent 2 name as it appears on Birth Certificate, if applicable <i>(First, Middle, Last)</i>		
Mailing Address <i>(Address, City, State, ZIP code, Country)</i>		
Phone number () -	Email Address	
What sex designation is currently shown on your birth certificate?..... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		
What sex designation are you requesting to show on your birth certificate?..... <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X		

By signing and submitting this document to the Department of Health, you certify under penalty of perjury under the laws of the State of Washington (chapter 9A.72 RCW) that the foregoing is true and correct.

Requestor signature _____

Signed and sworn to before me on _____ by _____ *Print Requestor Name*

*Void without
Notary Seal here*

Signature of Notary Public

Print Notary Name

_____ My appointment expires _____