



FACT SHEET
APPLYING FOR A NEW CERTIFICATE OF BIRTH FOLLOWING SEX CHANGE
OR DIAGNOSIS OF AN INTERSEX CONDITION

Maryland Department of Health and Mental Hygiene
 Division of Vital Records

Background	An individual born in Maryland whose sex has been changed or who has been diagnosed with an intersex condition may apply for a Certificate of Live Birth that reflects a change in sex designation. If a name change is also being requested, a court order must be presented.
Requirements for new Certificate reflecting change to sex designation	An individual who was born in Maryland must provide satisfactory proof that: <ol style="list-style-type: none"> 1. A licensed health care practitioner who has treated or evaluated the individual has signed a statement, under penalty of perjury, that the individual has undergone surgical, hormonal, or other treatment appropriate for the individual, based on generally accepted medical standards; OR 2. A licensed health care practitioner who has treated or evaluated the individual has signed a statement, under penalty of perjury, that the individual has an intersex condition and, in the professional opinion of the licensed health care practitioner, based on generally accepted medical standards, the individual’s sex designation should be changed accordingly; OR 3. A court of competent jurisdiction has issued an order indicating that the sex of an individual should be changed; OR 4. Prior to October 1, 2015, the Secretary of the Department of Health and Mental Hygiene amended an original Certificate of Live Birth on receipt of a court order indicating the sex of the individual has been changed.
Licensed health care practitioner	A licensed health care practitioner is an individual who is: <ul style="list-style-type: none"> • A physician licensed under Title 12 of the Health Occupations Article; • A psychologist licensed under Title 18 of the Health Occupations Article; • A registered nurse licensed and certified to practice as a nurse practitioner, nurse psychotherapist, or clinical nurse specialist under Title 8 of the Health Occupations Article; • A licensed certified social worker-clinical who is licensed under Title 19 of the Health Occupations Article; or • An individual who is licensed to practice a profession listed above in another state and meets the requirements under the Health Occupations Article to Qualify for a license to practice the profession in this state.
Requirements for name change	A change to the name requires a court order unless the individual is under 12 months of age. The name of an individual under that age of 12 months may be changed once without a court order by providing the required documentation.
To request change(s)	Submit application, required evidence, and fees to the Division of Vital Records, 6550 Reisterstown Road, Baltimore, Maryland 21215.
Fees	Preparation of new Certificate of Live Birth \$24 Purchase of new Certificate (if requested) \$24 per copy Check or money order should be made payable to the “State of Maryland”
For more information	Contact the Division at Vital Records at 410-764-3036 or Samantha.hinton@maryland.gov.



APPLICATION FOR CHANGE IN SEX DESIGNATION ON A CERTIFICATE OF LIVE BIRTH

Maryland Department of Health and Mental Hygiene
Division of Vital Records

Applicant's contact information

Current name: *First* *Middle* *Last*

Address:

Telephone:

Email:

Information on existing birth certificate

Name at birth: *First* *Middle* *Last*

Date of birth:

City/county of birth:

Name of Mother:

Name of Father:

I am requesting a new Certificate of Live Birth to reflect a change in the sex designation that appears on the existing Certificate. I am submitting:

- A signed statement from a licensed health care practitioner **OR** a court order indicating that the sex designation on my Certificate of Live Birth should be changed;
- My government-issued photo identification; and
- A check or money order in the amount of \$24 for processing the change to the Certificate.

Although not required, I am requesting that the Division of Vital Records:

- Amend the name on the Certificate (a court order must be provided if the individual is over 12 months of age)
- Issue a certified copy (or copies) of the new Certificate of Birth (enclose Application for Certified Copy of a Maryland Birth Record and required fees).

X

Signature of Applicant

Date

FEES ENCLOSED

Check of money order should be made payable to the State of Maryland

Preparation of new Certificate @\$24 per certificate

\$ _____

Certified copy (or copies) of Certificate of Live Birth @ \$24/copy

TOTAL

\$ _____

\$ _____



**CHANGE IN SEX DESIGNATION ON A CERTIFICATE OF LIVE BIRTH
STATEMENT OF LICENSED HEALTH CARE PRACTITIONER**

Maryland Department of Health and Mental Hygiene
Division of Vital Records

Purpose of the form	An individual born in Maryland whose sex has been changed, or who has been diagnosed with an intersex condition, may apply for a Certificate of Live Birth that reflects a change in sex designation. The individual must provide satisfactory proof from a licensed health care practitioner that the individual has undergone surgical, hormonal, or other treatment appropriate for the individual, based on generally accepted medical standards; or that the individual has an intersex condition. This form is intended to assist licensed health care practitioners in providing the information required on the statement that is needed to accompany an individual's application.	
Patient/client information	Name:	Date of birth:
Licensed health care practitioner information	Name:	Phone number:
	Address: Type of provider: <input type="checkbox"/> Physician (licensed in Maryland under Title 14 of the Health Occupations Article, or licensed in another state and meets the requirements to qualify for a license to practice in Maryland) <input type="checkbox"/> Psychologist (licensed in Maryland under Title 18 of the Health Occupations Article, or licensed in another state and meets the requirements to qualify for a license to practice in Maryland) <input type="checkbox"/> Nurse practitioner, nurse psychotherapist or clinical nurse specialist (licensed in Maryland under Title 8 of the Health Occupations Article, or licensed in another state and meets the requirements to qualify for a license in Maryland) <input type="checkbox"/> Licensed certified social worker--clinical (licensed in Maryland under Title 19 of the Health Occupations Article, or licensed in another state and meets the requirements to qualify for a license in Maryland)	
	State of licensure:	License Number:
Affidavit	I am a licensed health care practitioner in good standing and have treated or evaluated the patient/client indicated above. I hereby certify that this individual has undergone surgical, hormonal, or other treatment appropriate for the individual, based on generally accepted medical standards, or that the individual has an intersex condition. In my professional opinion, based on generally accepted medical standards, the individual's sex designation should be changed from: <input type="checkbox"/> Male to Female <input type="checkbox"/> Female to Male I declare under penalty of perjury that the information above is true and accurate. X <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Signature of health care practitioner Date </div>	