
Changing Sex (Gender) and Name on a Birth Certificate **Per Nevada Administrative Code 440.030 and 440.035**

- ✓ This Packet is to aid in the process of amending the sex (gender), and/or name on a birth certificate to accurately reflect the gender with which the individual identifies.
- ✓ The requirements and process to change the sex (gender) and/or name on a birth certificate are as follows:

Who May Apply for Amending the Birth Certificate

- ✓ The person of record; or
- ✓ The parent or guardian of the person of record; or
- ✓ A legal representative of the person of record.

Changing Sex (Gender) Documentation Required: (2 Documents Total to complete the process)

- ✓ ***Affidavit for Corrections of a Record***
 - Completed in its entirety by the person of record, parent, guardian, or legal representative; and
 - This document must be notarized.

ONE of the following documents **MUST** be provided **in addition** to the *Affidavit for Corrections of a Record*

- ✓ ***Supplemental Affidavit***
 - Completed in its entirety by an individual other than the person who executed *the Affidavit for Corrections of a Record*.
 - This affidavit statement must be completed by an individual that has personal knowledge and can attest that the person of record has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested. This personal knowledge is gained through firsthand experience or observation, through a personal, familial, medical, or a professional relationship with the person of the record being amended.
 - This document must be notarized.

-OR-

- ✓ ***Other Verifiable Evidence - A written statement from a licensed Healthcare Professional* from Nevada or any other state on Facility Letterhead***
 - Statement that affirms they have treated, evaluated or consulted with the person of record and the person of record's request is consistent with the gender with which the person of record identifies with, and intends to maintain the gender identity that corresponds with the change requested; OR
 - A court order from any state court in the United States is also acceptable as other verifiable evidence.

*A licensed Healthcare Professional, as defined by Nevada Revised Statute 629.031 may include, but is not limited to:

- A physician
- A physician's assistant
- A dentist
- A licensed nurse
- A person who holds a license as an attendant or who is certified as an emergency medical technician, advanced emergency medical technician, or paramedic
- A dispensing optician
- An optometrist
- A speech-language pathologist
- An audiologist
- A practitioner of respiratory care
- A registered physical therapist
- An occupational therapist
- A podiatric physician
- A licensed psychologist
- A licensed marriage and family therapist
- A licensed clinical professional counselor
- A music therapist
- A chiropractor
- An athletic trainer
- A perfusionist
- A doctor of Oriental medicine in any form
- A medical laboratory director or technician
- A pharmacist
- A licensed dietitian
- An associate in social work, a social worker, an independent social worker or a licensed clinical social worker
- An alcohol and drug abuse counselor or a certified problem gambling counselor
- An alcohol and drug abuse counselor or a licensed clinical alcohol and drug abuse counselor

Name Change Documentation Required:

- ✓ Name Changes require a certified copy of a court order to change the name on a birth certificate. (NRS 440.305 and NAC 440.035)

Fees

- ✓ Correcting a Record on file with the State Registrar (including one certified copy of the amended certificate): \$40.00
- ✓ Additional certified copies of a birth certificate: \$20.00 EACH.

How to Apply

In person – or – by mail:
Division of Public and Behavioral Health
Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health
Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4242 · Fax: (775) 684-4156

- BIRTH
DEATH

AFFIDAVIT FOR CORRECTIONS OF A RECORD

State Affidavit No. _____

Form with sections: INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE (1a-6), STATEMENT OF CORRECTIONS (7-8b), WHY ARE CORRECTIONS NECESSARY? (9)

I, _____, currently residing at _____,
(Print Full Legal Name) (Print Street, City, State, Zip Code)
in relation to the person of record being amended, _____, certify and declare under penalty of perjury under the laws of
(Print Relationship)
the State of Nevada, that all assertions of this affidavit are true and accurate to the best of my knowledge.

Witness Signature: _____
(Sign in the Presence of a Notary)

State of _____,
County of _____,
Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____,
by _____
(Name of Person Making the Statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
My Commission Expires: _____

WITNESS my hand and official seal.

(Signature of Notary Public)

INSTRUCTIONS

Who can submit an Affidavit for Correction of a Record?

To correct a **BIRTH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the person whose birth is registered on the certificate, his/her parent, guardian, or a legal representative.

To correct a **DEATH CERTIFICATE**, *the witness* signing this affidavit must have a relationship with the person of record as the funeral director, certifier or informant listed on the certificate. Medical information must be by the certifier.

What do I need to submit with the Affidavit for Correction of a Record?

A supplemental affidavit executed by a person other than the affiant of this Affidavit for Correction of a Record **OR** other verifiable evidence corroborating the facts contained in the principal affidavit.

The payment of \$40.00 (includes one certified copy of the corrected certificate). Additional certified copies of a birth certificate or death certificate is \$20.00 each. The payment may be made by check, cashier's check, money order or credit card. Please make your check, cashier's check or money order out to the Nevada Office of Vital Records. To pay by credit card, an Authorization for Credit Cards Use form must be completed and submitted.

PLEASE NOTE: The fee for correcting a birth or death record where the correction is filed by a certifier and the State Registrar determines that the correction is not the result of an error by the certifier is \$10.00.

How do I properly complete the Affidavit for Correction of a Record?

This is a legal document. Please type or print clearly in blue or black ink only. Illegible completion of the form will be returned. Any white outs, cross outs or write overs will not be accepted. The Affidavit for Correction of a Record must be fully completed in order to be processed.

Signature of *the witness* must be notarized. Signatures of a minor will be questioned. The person should be at least 18 years of age to make a correction.

Please complete the section titled "Statement of Corrections" clearly and accurately.

Where do I send the Affidavit for Correction of a Record and supporting documents?

Division of Public and Behavioral Health
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706

Please allow 2 – 4 weeks to process your request. Any questions regarding correcting a record should be addressed to the Office of Vital Records at the above address, or by calling our office at 775-684-4242. Please provide the name, full address of where the certificate should be mailed to and phone number:

.....
Name

.....
Street Address or P.O. Box

.....
City

.....
State

.....
Zip Code

.....
Phone Number

STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health
Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone: (775) 684-4242 · Fax: (775) 684-4156

SUPPLEMENTAL AFFIDAVIT (Per NAC 440.030)

PRINT FULL LEGAL NAME: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

I, _____, certify and declare under penalty of perjury under the laws of the State of Nevada,
(Print Name)
that I have personal knowledge to attest to the information provided in the primary affidavit for _____,
(Person of Record)
and I swear that all the assertions of this affidavit, including my identity, are true and accurate.

My relationship to the person of record is _____, and I have this personal knowledge through the
(Relationship)
following course of events: _____

Signature: _____
(Sign in the Presence of a Notary)

State of _____,
County of _____,

Signed and sworn (or affirmed) before me on this _____ day of _____, 20_____,
by _____
(Name of person making the statement)

The subscribing affiant appeared before me, and proved on the basis of satisfactory evidence, to be the person whose name is within
instrument and affirmed to me. Affiant executed the same in their authorized capacity, and that by the affiant's signature on the
instrument, the person, or the entity upon behalf of which the person acted, executed the instrument. I certify under penalty of perjury
under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Notary Public: _____
My Commission Expires: _____

WITNESS my hand and official seal.