

State of New Jersey Department of Health
Office of Vital Statistics and Registry
**Parent/ Guardian Request Form and Attestation (REG-L3)
to Amend Sex Designation
to Reflect Gender Identity on a Birth Certificate - Minor**

In compliance with N.J.S.A. 26:8-40.12, the State Registrar shall issue an amended certificate of birth to a minor born in the State of New Jersey whose parent or guardian requests an amended certificate of birth on behalf of the minor which shows the gender and, if applicable, the new name of the minor if it has been changed. The State Registrar shall issue the amended certificate of birth upon receipt of: (1) a certified copy of an order from a court of competent jurisdiction which indicates that the name of the minor has been changed, if the minor's name has changed; and (2) a form provided by the State Registrar and completed by the minor's parent or guardian, which affirms the following language: "I, (petitioner's current full name), hereby attest under penalty of perjury that the request for a change in (minor's current full name) gender to (female, male, or undesignated/non-binary) is to conform (minor's current full name) legal gender to (minor's current full name) gender identity and is not for any fraudulent purpose."

QUESTION 1. PARENT PETITIONER'S INFORMATION

(Only for use by a Parent listed on Minor's current Birth Certificate. If Petitioner is a Guardian, leave blank and skip to Question 2)

If Parent Petitioner, minimum required attachments (see FAQs for more information):

- Proof of identity showing Parent's full legal name.
- If Parent's current legal name differs from what appears on Minor's birth certificate, a certified copy of the legal name change court order, or Marriage Certificate is also required.

1A. Parent Petitioner's Name *(as it appears on Minor's current Birth Certificate)*

First	Middle	Last
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1B. Parent Petitioner's Current Legal Name

First	Middle	Last
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1C. Is your current legal name different from that which appears on the Minor's Birth Certificate?

- Yes (As noted above, if "yes," A certified copy of the legal name change court order, or Marriage Certificate is required.)
- No

1D. Parent Petitioner's Mailing Address

Street Address	City	State	Zip Code	Country
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1E. Parent Petitioner's Phone Number
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1F. Parent Petitioner's Email Address

QUESTION 2. GUARDIAN PETITIONER'S INFORMATION

(Only for use by a Guardian. If Parent Petitioner's Information (Question 1) was completed, leave blank and skip to Question 3.)

If Guardian Petitioner, minimum required attachments (see FAQs for more information):

- A certified copy of the court order appointing Petitioner as the minor's guardian.
- Proof of identity showing Guardian's full legal name.

2A. Guardian Petitioner's Name

First	Middle	Last
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2B. Guardian Petitioner's Mailing Address

Street Address	City	State	Zip Code	Country
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2C. Guardian Petitioner's Phone Number
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2D. Guardian Petitioner's Email Address

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QUESTION 3. MINOR'S INFORMATION

3A. Name of Minor <i>(as it appears on Minor's current Birth Certificate)</i>		
First	Middle	Last
3B. Minor's Date of Birth <i>(MM/DD/YYYY)</i>	3C. Minor's Place of Birth <i>City</i> <i>County</i>	
3D. Name of Mother/Parent A <i>(as it appears on Minor's current Birth Certificate)</i>		
First	Middle	Last
3E. Name of Father/Parent B <i>(as it appears on Minor's current Birth Certificate)</i>		
First	Middle	Last

QUESTION 4. INFORMATION REQUIRED FOR AMENDMENT OF MINOR'S BIRTH CERTIFICATE

4A. Which sex designation is currently shown on the Minor's Birth Certificate?
 Female Male Not Yet Determined

4B. Which sex designation/gender identity are you requesting to be shown on the Minor's amended Birth Certificate?
 Female Male Undesignated/Non-binary
"Undesignated/Non-binary" encompasses all gender identities that are not exclusively male or female.

4C. Are you requesting a change of name for the Minor on the amended Birth Certificate?
 Yes (\$2 fee) No - *If no, skip to Question 5.*

4D. If requesting a name change, have you obtained a court order for the Minor's name change?
 Yes No - *If no, name change will not be processed. Skip to Section 5.*
***If yes, required attachment: A certified copy of the legal name change court order.**

4E. If requesting a name change with court order, what is the current full legal name of the Minor indicated on the court order?
This is the full legal name that will appear on the Minor's amended Birth Certificate.

First	Middle	Last
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QUESTION 5. ORDER CERTIFIED COPIES OF AMENDED BIRTH CERTIFICATE

5A. Do you want certified copies of the amended Birth Certificate at this time?

Yes - 5B. How many copies? _____
(\$6 for first copy; \$2 for each additional copy ordered at the same time as the first request.)

No

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ATTESTATION

Attestation and signature are required to process request.

I, _____ (*petitioner's current full name*), hereby attest under penalty of perjury that the request for a change in gender to Female Male Undesignated/Non-binary is to conform _____ (*minor's current full name*) legal gender to _____ (*minor's current full name*) gender identity and is not for any fraudulent purpose.

Petitioner's Signature _____ Date _____

Relationship to Minor _____

FEES, IF APPLICABLE

Please calculate fees owed below. Make check or money order payable to "Treasurer, State of New Jersey." Do not send cash.

_____ \$6.00 one-time fee for the first requested certified copy of the amended birth certificate.

_____ \$2.00 X _____ (for each additional certified copy of the amended birth certificate ordered at the same time as the first request).

_____ \$2.00 one-time fee to register a court ordered legal name change with the State of New Jersey, Department of Health, Office of Vital Statistics and Registry. Only submit this fee if requesting a name change on the amended Birth Certificate (and submitting court order for name change with this request).

_____ **\$TOTAL Submitted** *Make check or money order payable to "Treasurer, State of New Jersey." Do not send cash.*

Note: For copies of certified birth certificates requested at any later date, the fee is \$25.00 for the first copy and \$2.00 for each additional copy.

SUBMISSION BY MAIL WITH REQUIRED ATTACHMENTS AND FEES, IF APPLICABLE

Office of Vital Statistics & Registry – Records Modification Unit
NJ Department of Health
P.O. Box 370
Trenton, NJ 08625-0370

Amendment requests are not accepted in-person.

Questions? Please see related "Frequently Asked Questions" available on the NJ Department of Health - Office of Vital Statistics and Registry website.