STATE OF ILLINOIS GENDER REASSIGNMENT APPLICATION INSTRUCTIONS

After a gender reassignment operation(s) by a U.S. licensed physician, the Affidavit by Physician after Completion of Gender Reassignment must be completed by the physician who performed the operation(s) and the Affidavit for a New Birth Certificate after Completion of Gender Reassignment must be completed by the applicant. Each affidavit must be notarized and the original submitted to this office. Please note that genital reconstructive surgery is not required to obtain a change in the sex designation on an Illinois birth certificate.

After a gender reassignment operation(s) performed outside of the United States, the Affidavit by Physician Verifying Completion of Gender Reassignment Operation must be completed by an examining physician duly licensed to practice medicine in Illinois or any other state in the United States. This form can also be used if the physician who performed the operation is no longer practicing, is unavailable or his/her license has been revoked or expired. The Affidavit for a New Birth Certificate after Completion of Gender Reassignment must be completed by the applicant. Each affidavit must be notarized and the original submitted to this office.

If you have had a legal name change by court order that has NOT been reflected on your birth certificate, include a certified copy of the court order. Make sure to check the appropriate box on the Affidavit for a New Birth Certificate after Completion of Gender Reassignment to indicate your request to have your name changed. If you do not include a certified copy of that court order of legal name change, the new birth certificate will reflect the name as it currently appears on the original birth certificate.

This office will review the submitted documents and if all requirements are met, will create a new birth record reflecting the new gender designation and name change, if appropriate. The original birth certificate and all documents submitted are placed in a sealed and impounded file which cannot be opened except upon court order.

The fee is $15 and includes one certified copy of the new birth certificate. Additional copies are $2 each if ordered at the same time. Make check or money order payable to Illinois Department of Public Health.

Include a copy of your non-expired, government issued photo identification card (ID).

If you have additional questions, you can reach the Illinois Department of Public Health, Division of Vital Records at 217-782-6553, Monday through Friday, from 10:00 a.m. to 3:00 p.m.
AFFIDAVIT BY PHYSICIAN AFTER COMPLETION OF GENDER REASSIGNMENT

State of _________________________: SS
County of ________________________:

I, ________________________________________________ being M.D./D.O., being duly sworn on oath and acknowledging the criminal penalties of perjury and filing a false affidavit, state that I am licensed in good standing to practice medicine in the U.S. state of ____________________________ and that I have personally performed an operation(s) on _________________________________ (name of applicant). By reason of the following named operation or operations (list the name of the operation(s)) ____________________________________, ____________________________________, on ________________________________________________(name of applicant), the gender from _______________ to _______________ on the applicant's birth certificate should be changed.

Signature of Physician ____________________________________________

PHYSICIAN'S INFORMATION

License number _______________________ Issuing state _______________________
Office street address _______________________________________________________
Office city, state and ZIP code _______________________________________________
Office telephone and facsimile numbers ___________________________________________

Subscribed and sworn to before me this ___________ day of _____________________________, 20______.

_____________________________________
Notary Public Signature                                                                 Notary Public Stamp or Seal

Printed by Authority of the State of Illinois
AFFIDAVIT BY PHYSICIAN VERIFYING COMPLETION OF GENDER REASSIGNMENT

State of _________________________:
County of ________________________:

I, _____________________________________________________ M.D./D.O., being duly sworn on oath and acknowledging the criminal penalties of perjury and filing a false affidavit, state that I am licensed in good standing to practice medicine in the U.S. state of ____________________________ and that I have personally examined ____________________________________________ (name of applicant). By reason of that examination, I verify that the following named operation(s) previously performed, (list the name of the operation(s)) ___________________.
________________________________________________________________________________________

on ________________________________________________ (name of applicant), has reassigned the gender from _______________ to _______________ and by reason of that operation(s), justifies a gender change on the applicant’s birth certificate.

Signature of Physician ______________________________________________________________________

________________________________________________________________________________________

PHYSICIAN’S INFORMATION

License number _______________________ Issuing state ___________________________________________
Office street address _________________________________________________________________
Office city, state and ZIP code ___________________________________________________________
Office telephone and facsimile numbers ______________________________________________________

Subscribed and sworn to before me this ___________ day of _____________________________, 20______.

_____________________________________
Notary Public Signature                                                                 Notary Public Stamp or Seal
AFFIDAVIT FOR A NEW BIRTH CERTIFICATE
AFTER COMPLETION OF GENDER REASSIGNMENT

State of _________________________:
County of _________________________:

I, _______________________________________________ being duly sworn on oath and acknowledging the criminal penalties of filing a false affidavit, state that the below identified person has undergone an operation(s) that reassigned that person's gender. Therefore, I request that you create a new birth certificate reflecting a different gender designation for the following person due to completion of a gender reassignment operation(s).

BIRTH CERTIFICATE INFORMATION

Name ___________________________________________________________________________________ (as listed on the record)

Date of Birth _______________________ Place of Birth __________________________________________ (month, day and year) (city and county)

Mother/co-parent’s name____________________________________________________________________ (must include name prior to first marriage/civil union)

Father/co-parent’s name, if listed on the birth certificate ________________________________________ (must include name prior to first marriage/civil union)

☑ I request to have my name changed as per the enclosed certified court order of legal name change.

Signature ________________________________________________________________________________ (of applicant, parent/co-parent or guardian if applicant is not of legal age)

CURRENT ADDRESS

Street address, apartment and floor ___________________________________________________________

City, State and ZIP code _________________________________________________________________

Telephone number _________________________________________________________________________

Subscribed and sworn to before me this ___________ day of _____________________________, 20______.

_____________________________________

Notary Public Signature                                                                                 Notary Public Stamp or Seal