



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.

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be used if the physician who performed the operation is no longer practicing, is unavailable or his/her license has been revoked or expired.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 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.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Division of Vital Records

925 E. Ridgely Avenue
Springfield, IL 62702-2737





AFFIDAVIT BY PHYSICIAN AFTER COMPLETION OF GENDER REASSIGNMENT

State of _____ :
County of _____ : SS

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





**AFFIDAVIT BY PHYSICIAN VERIFYING COMPLETION
OF GENDER REASSIGNMENT**

State of _____ :
County of _____ : SS

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 _____ : SS

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

