
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. Please print forms on one side of paper.
- ✓ 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): \$45.00
- ✓ Additional certified copies of a birth certificate: \$25.00 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



APPLICATION FOR A CORRECTION OF A RECORD

Applicant's Information		
Applicant's Name (First & Last):		Applicant's Phone Number:
Applicant's Address (Street, City, State & ZIP):		
Relationship to Person of Record:	Applicant's Email Address:	Reason for Correction:
Type of Certificate (Select All That Applies)		
<input type="checkbox"/> Birth Certificate Correction	<input type="checkbox"/> Death Certificate Correction	<input type="checkbox"/> Fetal Death Certificate Correction
Fee Information		
\$45.00 per Person of Record and includes the correction and one certified copy		
Number of Additional Copies	Fee for A Certified Certificate Copy	
	\$25.00	Per Birth Certificate
	\$25.00	Per Death Certificate where death occurred in the following counties: Carson, Clark, Douglas, Lyon, Mineral or Washoe
	\$22.00	Per Death Certificate where the death occurred in a county not listed above
Total Number of Certificates Ordered		

- If the Correction requires a Court Order, please ensure the Court Order has the original County Clerk stamp.
- If the Affidavit for Correction of a Record form is applicable, please ensure it is filled out completely. This includes "Why are the Corrections Necessary?" section.

Current Information on the Person of Record (This information is used to locate the Person on the Certificate's record)		
Person of Record's First Name	Middle	Last
Date of Birth /Death	County of Birth/Death	State of Birth

FOR OFFICE USE ONLY	
Receipt Number:	Date:

Revised: 12/16/19



Amending / Correcting A Birth or Death Certificate

Per Nevada Administrative Code 440.023 & 440.030

Who can sign the Affidavit for Correction of a Record?

To correct a **BIRTH CERTIFICATE**, the person signing this affidavit must be the person of record, his or her parent, guardian or legal representative. Medical information (date of birth, time of birth, sex and facility name) must be by the certifier.

To correct a **DEATH CERTIFICATE**, the person signing this affidavit must be a funeral director from the funeral home on the certificate, the informant, the certifier or a coroner / medical examiner from the county listed on the death certificate. Medical information (date of death, time of death, cause of death or any part of cause of death, social security number, information concerning communicable disease or injury) must be started by the certifier or a coroner / medical examiner investigating the death.

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

Submit all of the following with the Affidavit for Correction of a Record. Only complete submissions will be processed.

1. Proof supporting the change being requested. When other proof is unavailable, a Supplemental Affidavit may be accepted.
2. A copy of the photo identification from the person signing this affidavit.
3. Payment **made payable to the Office of Vital Records**.
 - a. The payment of \$45.00 includes the correction **AND** one certified copy of the corrected certificate.
 - b. Additional certified copies of the certificate are \$25.00 each for birth and deaths that occurred in Clark, Carson, Douglas, Lyon, Mineral and Washoe counties. For all other deaths, additional certified copies are \$22.00 each.
 - c. The payment may be made by check, cashier's check, money order or credit card.
 - d. To pay by credit card, an Authorization for Credit Card Use form must be completed and submitted with a copy of the card holder's valid ID.

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

This is a legal document. Please type or print clearly in **blue or black** ink only. **Affidavits with Illegible writing, any white outs, cross outs or write overs will be returned. Cross outs with initials will not be accepted.** Please print forms on one side of paper.

- The Affidavit for Correction of a Record must be fully completed to be processed.
- The affidavit must be notarized.
- The person signing should be at least 18 years old. Signatures of a minor will be questioned.
- Please ensure the sections titled "Statement of Corrections" and "Why Corrections are Necessary" are clear and accurate.

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

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

Please allow 4 – 6 weeks to process your request. For any questions, please us at **(775) 684-4242** or email us at **ovrpac@health.nv.gov**. Please provide the name, person of record information being corrected and phone number.

Name	Telephone	
Street Address or P.O. Box		
City	State	ZIP Code



- Birth
- Death

AFFIDAVIT FOR CORRECTION OF A RECORD

State Affidavit
No. _____

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	Person of Record's First Name		Middle Name	Last Name
	Sex	Date of Birth/Death	Place of Occurrence (City or County)	
	Name of Parent / Father			Name of Parent/ Mother (Last Name Prior to First Marriage)
STATEMENT OF CORRECTIONS				
STATEMENT OF CORRECTIONS	ITEM NUMBER	FACTS EXACTLY AS STATED ON THE ORIGINAL RECORD		FACTS AS THEY SHOULD HAVE BEEN STATED ON THE ORIGINAL AT THE TIME OF OCCURRENCE
WHY ARE CORRECTIONS NECESSARY?				

I, _____ (print full Legal Name), currently residing at _____
 _____ (print Street, City, State, ZIP), in relation to the person of record being amended, (print relationship)
 _____ certify and declare under penalty of perjury under the laws of the State of Nevada, that all assertions of this affidavit are true and correct to the best of my knowledge

 Witness Signature Signed 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 this 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 Name: _____
 My Commission Expires: _____

WITNESS my hand and official seal

Reserved for Notary Seal

 Signature of Notary Public



SUPPLEMENTAL AFFIDAVIT

(NAC 440.330)

This must be completed by someone with personal knowledge of the requested correction(s). Describe "HOW" you obtained the personal knowledge. **The person signing the affidavit CANNOT be the same person signing the Affidavit for Correction of a Record.**

NAME AND RELATIONSHIP OF INDIVIDUAL PROVIDING THE SUPPLEMENTAL AFFIDAVIT	First Name	Middle Name	Last Name		
	Physical Address		City	State	ZIP
	Email Address			Telephone	
	Relationship to Person of Record		Person of Record		

I, _____ (print name), certify and declare under penalty of perjury under the laws of the State of Nevada, that I have personal knowledge to attest to the information provided in the primary affidavit for _____ (person of record). I swear that all of the assertion of this affidavit, including my identity, are true and accurate.

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

Witness Signature Signed 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 this 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 Name: _____

WITNESS my hand and official seal

My Commission Expires: _____

Reserved for Notary Seal

Signature of Notary Public

