



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower
12237

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

September 20, 2005



To change a name on a birth certificate filed in New York State outside of New York City, a court order obtained in accordance with New York State Civil Rights Law, Title 6, is required. The order must bear the court seal and be certified by the clerk of the court. Certified proof of publication is also required. Please be sure the order includes the following information needed to identify the individual named on the birth certificate: original name, date and place of birth.

In cases of gender reassignment, a correction of the gender item on the birth certificate is based upon a review of the following documents to determine if an error was made at the time the birth certificate was completed:

1. Statement(s) signed by surgeon(s) specifying date(s), place(s) and type(s) procedure(s) performed on the applicant. Note in cases of female to male gender reassignment bilateral mastectomy and complete hysterectomy must be included.
2. Surgical report(s) made in the operating room describing in detail all procedures.
3. Psychological report documenting true transsexualism, inappropriate sexual identification or that you meet the Harry Benjamin Society transsexual criteria.
4. Statement from physician regarding hormonal treatments.
5. Completed correction application (enclosed) signed by the applicant.

As soon as all documentation is submitted, your request will be referred for to Department of Health legal and medical staff for review. Processing takes approximately three months.

If you only want to proceed with the name change at this point, please let us know.

One certified copy will be provided following the amendment. Additional copies are \$30 each.

Sincerely,

Peter M. Cerucci
Director
Bureau of Production Systems Management

Enclosure

December 5, 2006 - The New York City Board of Health today **approved the Health Department's proposal to allow transgender individuals to acquire new birth certificates reflecting their acquired sex.** The change makes New York City policy consistent with practices in New York State and most of the United States. The City's Office of Vital Statistics has amended birth certificates for transgender individuals since 1971, but until now revised birth certificates have not designated the acquired gender. "The new form will enable transgender individuals to document their acquired identity," said New York City Health Commissioner Dr. Thomas Frieden. "The new gender-specific birth certificate will make it easier for transgender people to live, work and travel."

<http://srlp.org/node/90>

However, the New York City Department of Health and Mental Hygiene **withdrew a proposed amendment** to the Health Code that would have given access to accurate birth certificates to many transgender people. The amendment would have allowed new birth certificates to be issued to those who could prove with medical evidence they had completed transition and intended to remain permanently in their gender, **whether or not they had undergone a specific surgical procedure as a part of transition.**

For now transgender people born in New York City still need to provide extensive proof of genital surgery in order to receive a new birth certificate. The old policy allowed people to receive new birth certificates only if they provided extensive evidence of very specific, expensive, inaccessible, and often unindicated genital surgeries -- vaginoplasty (the creation of vagina) or phalloplasty (the creation of a penis). The majority of transgender people do not have one of these two surgeries, particularly transgender men who are estimated to have phalloplasty at a rate of less than 10%. Ironically, New York State uses a different narrow set of surgeries as its basis for changing birth certificates: hysterectomy and mastectomy (female-to-male), or penectomy (male-to-female). The two policies beside each other show how arbitrary they are, and how inappropriate a basis for policymaking misunderstandings of a whole population's health care really is.

<http://srlp.org/node/89>