



STATE OF ILLINOIS GENDER TRANSITION/INTERSEX CONDITION APPLICATION INSTRUCTIONS

The ***Affidavit and Certificate of Correction Request*** form must be completed by the applicant and signed in the presence of a notary public. The form is used for all corrections to birth, death, and fetal death records. **We cannot accept a letter or statement in place of this form.** The original of the form must be submitted to this office along with the completed ***Declaration of Gender Transition or Intersex Condition*** form.

The ***Declaration of Gender Transition or Intersex Condition*** form must be completed by either a *licensed health care professional* or a *licensed mental health professional*, as defined by Section 1 of the *Illinois Vital Records Act (410 ILCS 535/1)*. This licensed professional must stipulate, under penalty of perjury, that the person seeking a new certificate of birth has either undergone clinically appropriate treatment for gender transition or has an intersex condition as required by 410 ILCS 535/17(1)(d).

A “**Licensed health care professional**” means a person licensed to practice as a physician, advanced practice nurse or physician assistant in Illinois or any other state.

A “**Licensed mental health professional**” means a person who is licensed or registered to provide mental health services by the Department of Financial and Professional Regulation or a board of registration duly authorized to register or grant licenses to persons engaged in the practice of providing mental health services in Illinois or any other state.

A name change must be accompanied by a certified copy of a court order entered by a court of competent jurisdiction. Please indicate on your request to have your name changed in the second section of the ***Affidavit and Certificate of Correction Request***.

The Illinois Department of Public Health (IDPH) will review the request and if all requirements are met, will create a new birth record reflecting the new sex 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 order of the circuit court, request of the person, or as provided by law or regulation.

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, 10 a.m. - 3 p.m. or via email to dph.vitals@illinois.gov.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Vital Records
925 E. Ridgely Avenue
Springfield, IL 62702-2737



**DECLARATION OF GENDER TRANSITION OR INTERSEX CONDITION
BY LICENSED HEALTH CARE PROFESSIONAL**

State of _____:

County of _____:

I, _____ being a licensed health care professional
or a licensed mental health professional, have personally treated or evaluated

_____ and this person has either:
(Name of person treated or evaluated)

- undergone treatment that is clinically appropriate for the purpose of gender transition, based on contemporary medical standards or,
- has an intersex condition.

The sex designation on such person's birth record should therefore be changed to _____.

PHYSICIAN'S INFORMATION

License number _____ Issuing state _____ Expiration _____

Office street address _____

Office city, state and ZIP code _____

Office telephone and facsimile numbers _____

I declare, under penalty of perjury, that all of the foregoing information is true and correct.

Signature _____
(Licensed health care professional or licensed mental health professional)