

Name Change and/or Sex Designation Change Petition for Individual Adult (person 18 or over)

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nycourthelp.gov

Court	
County of	
Petitioner (Your Present Name):	Index Number:

I am requesting a Court Order for the following (check all that apply):

Name Change (complete Section A below)

Sex Designation Change (complete Section B below)

Note:

- A court order is not required under New York law to change your sex designation on an identity document (birth certificate, driver's license, photo ID, etc.) issued in New York.
- Every state has its own requirements for a sex designation change. Some states may not honor sex designation change orders from New York courts. If you want to change an identity document issued in another state, you should check that state's requirements before you file an application.
- This application is for a declaratory judgment. A declaratory judgment states a fact under the law. If granted, the sex designation change order legally recognizes your gender identity.

RECORDS SEALING: The clerk will temporarily make your case inaccessible to the public (your name and case information will be private) until the judge makes a final decision about your case.

S	Section A: Name Change (complete this section for a name change)
1.	Your Requested New Name:
2.	Your Place of Birth (Street Address, City/Town/Village, State, Zip, Country):

Note: You must attach **proof of birth** to this petition.

- If you were born outside of the State of New York, proof of birth can include a birth certificate, passport, or any other legal document which shows the date and place of your birth.
- If you were born in the State of New York, **you must** attach **one** of the following:
 - Certified Copy of your government-issued birth document (i.e., Birth Certificate/Certification of Birth):
 - If you were born in New York City, you can get a certified copy of your birth document from the New York City Department of Health and Mental Hygiene
 - If you were born outside New York City, you can get a certified copy of your birth document from the New York State Department of Health's Vital Records Department
 - Certified Transcript of your Birth Certificate
 - Certificate from Commissioner or local Board of Health stating no such Certificate is available



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•	ou ever been convicted of a consumer of the co		stions 4 and 5 .	Yes	No
4. Cour	t where you were convicted	l:			
5. Crim	e for which you were convi	cted:			
6. Have yo	ou ever filed for bankruptcy?	•		Yes	No
7. Are ther	e any judgments or liens ag	jainst you?		Yes	No
If you an	a party in a lawsuit or other aswered 'Yes' to question 6, 7 a date it was filed, and the case	or 8, provide details		Yes urt where	No it was
9. Are you	currently married?			Yes	No
10. Were yo	ou previously married?			Yes	No
11.Do you	have any children under 21	?		Yes	No
•	have to pay child support? swered 'Yes' to question 12,	you must answer que	estions 13, 14 and 15 .	Yes	No
_	your child support payments o,' how much do you owe? \$	-		Yes	No
14. Cour	t that issued the child supp	ort order:			
15. Child	d Support Collections Unit:				
_	have to pay spousal suppor nswered 'Yes' to question 16,		estions 17 and 18.	Yes	No
_	your spousal support payme o,' how much do you owe? \$	•		Yes	No
18. Cour	t that issued the spousal su	ipport order:			
If 'Yes,'	ou ever filed a name change provide details below, includir ne case number (if known), an	ng the court where yo	ou filed the petition, the c	Yes date that y	No you

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20. What are your reasons for change Provide details below.	ging your name?		
Section B: Sex Designation Chang	ge (complete this section	n for a sex designation change)	
21.Your new sex designation:			
22. Have you ever filed a sex design If 'Yes,' provide details below, inclufiled it, the case number (if known)	uding the court where y		No ou
23. Do you want to provide your rea	sons for changing yo	ur sex designation? Yes	No
If ' Yes ,' you may provide details be information is optional and is not re		•	
Section C: Personal Information (a	ıll applicants must comp	plete this section)	
24. Your Present Name:			
25. Your Age:			
26. Your Date of Birth (Month/Day/Ye	ear):	_	

27. Your Current Address (Street Address, City/Town/Village, State, Zip, Country):

Note: The court may require you to show proof of address when you file your petition.

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ed for your persona	Il safety?	Yes	No		
ng documents or ad	ditional pages?	Yes	No		
ion of the document(s	s) below.				
der permitting my (d	check all that apply)				
ture	Date				
r imprisonment, that tl	he foregoing is true, and I				
			Petitioner Signature		
	Petitioner Signatu	re			
ri	ed for your personal and documents or addition of the document(s) der permitting my (c) ture , 20, under imprisonment, that the	ed for your personal safety? Ing documents or additional pages? Ion of the document(s) below. Idea permitting my (check all that apply) Ture Date Date	ed for your personal safety? Yes Ing documents or additional pages? Yes Yes Yes Yes Yes Yes Yes		

Note: You can complete and submit a Fee Waiver Application form asking the court to waive the filing fees for your application if you qualify:

- A fillable Fee Waiver Application form is available at: https://ww2.nycourts.gov/fee-waiver-application-36856
- For more information regarding Fee Waiver, go to https://www.nycourts.gov/CourtHelp/GoingToCourt/feeWaiver.shtml