



STATE OF MICHIGAN SEX DESIGNATION FORM

Note: Only forms with original signatures are accepted. Faxed or photocopied forms will be rejected. This form only applies to the sex designation on your Michigan Birth Certificate. It does not affect any other municipal, state, or federal identification. This form is not a name-change document. To have your name legally changed on your birth certificate, you must submit a court ordered legal name change. Visit www.Michigan.gov/VitalRecords for more information.

Name: _____
(Person named on record)

Date of Birth: _____
(Month / Day / Year)

I declare that the foregoing is true and correct.

I request that the sex designation on the birth certificate be changed from:

From:	To:
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X*

*(X is inclusive of all designations other than male and female, including intersex and unknown).

I hereby affirm that this request to change the sex designation on my or my child's Michigan Birth Certificate is to ensure that the birth certificate accurately reflects my or my child's identity and is not for fraudulent or other illegal purposes. I understand that if I have provided false information, I may be subject to civil and criminal penalties. (MCL 333.2894)

SIGNATURE OF PERSON ON RECORD: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

-To sign you must be the person named on the record 18 years old or older.

-If under 18 a parent or legal guardian's signature is required.

-If the child is over 15 years old, we require both the parent or guardian's signature and the child's signature.