



Michigan Secretary of State 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 driver's license or state identification card. It doesn't affect any other municipal, state or federal identification. This form is not a name-change document. To have your name legally changed on your driver's license or state ID card, you must visit a secretary of state branch office and present a certified name-change document, such as a marriage license or court order. Visit Michigan.gov/SOS for more information.

Are you a citizen of the United States? Yes No

A. Applicant information

(Enter the following information as it appears on your driver's license or state ID card)

Last name:		First name:		Middle name:	Suffix:
Street:	Apt. #	City:		State: MI	ZIP code:
Driver's license or state ID card number:		Last four digits of Social Security Number:		Date of birth (mm/dd/yyyy):	

B. Sex designation statement

I, _____, request that the sex designation on my driver's license or
(Print your name as shown on your driver's license or state ID card)

state ID card read: Male Female

The sex designation information on this form won't be shared.
Some voter registration information, however, is public.

Automatic voter registration

To be eligible to vote, you must be:

- A United States citizen
- At least 18 years old
- A 30-day resident of your city or township in Michigan.

We will register you to vote unless you check the box below.

Do not use my information for voter registration.

C. Validation

I hereby swear, under penalty of perjury, that this request to change the sex designation on my Michigan driver's license or state ID card (as selected in Section B) is to ensure that my driver's license or state ID card accurately reflects my identity and isn't for fraudulent or other illegal purposes. I understand that if I have provided false information to apply to register to vote, I may be subject to Federal or State criminal penalties.

Applicant signature: _____ Date: _____