

**Montana Department of Public Health & Human Services
Office of Vital Records (PO Box 4210, Helena, MT 59604)**

Gender Designation Form

I hereby submit this Gender Designation Form for the record of BIRTH

For _____
(Current Name on Record)

who was born in the city of _____ County of _____
(City of Birth) (County of Birth)

on _____.
(Date of Birth)

This individual has undergone gender transition or has an intersex condition, and the gender designation on this birth certificate should be corrected to _____.
(Updated Gender Designation)

This request for gender designation is for the purpose of ensuring the birth certificate accurately reflects their gender and is not for any fraudulent or other unlawful purpose.

This form should be submitted with a completed Affidavit for Correction of a Vital Record and may be submitted with a court order for change of name if the applicant also wishes to change the name on the birth certificate.

Signature: _____

Printed Name: _____

Relationship to Registrant:

- ☐ Self
- ☐ Parent
- ☐ Guardian
- ☐ Legal Representative
- ☐ Other _____

Address: _____

Phone number: _____