OREGON HEALTH AUTHORITY
Center for Health Statistics

Information Sheet for the Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity

House Bill 2673 allows an administrative change to a birth record for anyone who was born in Oregon and who needs to change their name and/or sex designation to reflect their gender identity without a court order. Individuals who previously changed their name but have not changed their sex are eligible to change their sex designation on their birth record.

Definitions:

Applicant = The eligible person submitting the application to change the registrant's birth record.
Registrant = The person whose birth record is being updated for gender identity purposes.
Birth Record / Birth Certificate = The birth record is the information of live birth that is registered with the state. The birth certificate is the printed version of the birth record.

Who can make the request? (*applicant*)

The following people are eligible to submit the application:

- The registrant - *Must be 18 or older or an emancipated minor.* (Court documentation of emancipation is required.)
- A parent listed on the birth certificate (if the registrant is less than 18 years of age).
- The registrant's legal guardian (if the registrant is less than 18 years of age). (Court documentation required.)
- A legal representative of one of the above. (Documentation of authorization to act is required.)

Process to change the name and/or sex on a record of live birth to support gender identity

1) Enter all information on the application exactly as it currently appears on the registrant's most recent birth certificate that is registered with the state. If you are unsure of what information is currently registered, we strongly recommend ordering one new certificate to assist in correctly filling out the application. This certificate can be exchanged free of charge (amendment fee still applies) within one year of the date the certificate was issued.

If the applicant's name (if a listed parent or the registrant) does not match what is currently listed on the birth certificate, proof of how their name was changed must be submitted. Examples of proof include a court ordered name change, name changed through marriage, etc.

2) Complete items 1-15 of the Applicant and Registrant Information sections of the Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity (Form OHA 2673).
Do NOT sign the application until asked to do so by the Notary.
   - ► Tips for completing items 1-15:
     - #1: This is the applicant's full, legal name. (Timothy Test Example NOT Tim T Example)
     - #2: This is the applicant's residential address.
     - #3: If the mailing address is the same as #2, leave blank or write N/A.
     - #6: Relationship examples include Mother, Father, Legal Representative, Guardian.
       - If applicant is also the registrant, write "Self"
     - #7: Write the EXACT names that appear on the registrant's birth certificate.
     - #9: Write the EXACT sex that appears on the registrant's birth certificate.
     - #10: List either the city **or** county of birth.
     - #11: List the Mother/Parent A's full name as it appears on the registrant's birth certificate. For the mother/parent A, this will be their maiden name/name prior to first marriage. If only one parent is listed on the current certificate, write N/A in the blank parent's section.
     - #12: List the Father/Parent B's full name as it appears on the registrant's birth certificate.
     - # 13a: If changing the registrant's name, make sure to check the box and provide how the new name should appear for the new birth certificate.
     - #14a/b: If changing the sex, check the box in 14a **and** choose the box of the new sex in 14b.
     - #15: If requesting a new copy of the updated birth certificate, check the box and indicate how many copies and which type of certificate you would like sent to you. See Fees on next page.

3) The **applicant** must take the completed application to a notary and **sign it in the presence of the notary.**
   - ► This signature should match what is on the applicant's ID.

4) Submit the following items:
   - ► **Application** to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity (Form OHA 2673).
   - ► A legible copy of a current, valid government-issued **photo ID for the applicant**.
     This includes a driver's license, permit, or ID card; passport or passport card; armed service ID card; permanent resident card. Visit our web page at bit.ly/orvr-iddocs for a complete listing of acceptable forms of ID.
     If the applicant is the registrant's parent and their ID does not match the name listed on the registrant's birth certificate, proof of how the applicant's name was changed must be submitted. (This could be a marriage certificate or court order. See web page for more info.)
   - ► **A $35 Amendment Fee**. We offer expedited service for an additional $30 fee. See web page for more info.
   - ► **Certificate Fees** (If requesting a new copy of the updated birth certificate, (# 15 on the application).
     - Registrants born in 2008 or later: $25 - For each computer issued form birth certificate
     - Registrants born before 2008 have two options:
       - $25 - For each computer issued birth certificate that shows limited birth information.
       - $30 – For each full image birth certificate that shows full birth information.
     - Visit bit.ly/BRTypes for our web page with more information about the long and short form options for the birth certificate.

   *Note: **Please submit one payment** that includes all amendment and certificate fees.*
   Oregon Vital Records accepts checks and money orders for mail and drop box orders.

Submit the application, all documentation, and fees:

By Mail:	**By Drop Box:** *Located at the entrance of the west door (in parking lot).*
Oregon Vital Records	Oregon Vital Records
PO Box 14050	800 NE Oregon St
Portland, OR 97293	Portland, OR 97232

What documentation you will receive

Once all forms, documentation, and fees have been received, the application will be reviewed.

If the request to make an administrative change of name and/or sex to support gender identity is approved, the applicant will receive documentation that includes:

- A copy of the application form requesting the change.
- Correspondence from the State Registrar on the final decision.
- A new birth certificate for the registrant (if requested on the application and payment was received).

If denied, the applicant will receive correspondence indicating the reason for denial.

Use by government agencies

We cannot guarantee if other agencies will accept these amended certificates to change information they already have on file. Please see our website (bit.ly/OR-name-sex) for detailed information on instances when a court ordered name and/or sex change may still be required.

Please contact our amendment office at CHS.Amendments@oha.oregon.gov should an issue arise with these agencies.

Visit our website at bit.ly/OR-name-sex for additional information including example scenarios.

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Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity

Reset Form
Print

See the Information Sheet for detailed instructions on how to complete this application, what fees are required, and what additional items must be submitted. Please visit bit.ly/OR-name-sex for more information.

All information must match what currently appears on the registrant's Oregon birth certificate. If names have changed, proof of how the name was changed must be submitted.

TYPE INFORMATION OR CLEARLY PRINT IN BLUE OR BLACK INK. Applications with cross outs or white out will be rejected. To make the change(s) indicated below, a signature is required in the presence of a Notary.

APPLICANT INFORMATION (Person submitting this form):

1. Applicant current legal name: _____ (First) (Middle) (Last)

2. Address of applicant: _____ (Street and Number) (City or Town) (State/Country) (ZIP)

3. Mailing Address (if different): _____ (Street and Number) (City or Town) (State/Country) (ZIP)

4. Telephone: _____ 5. Email of applicant: _____

6. Applicant's relationship to registrant (write "Self" if applicant is registrant): _____

REGISTRANT INFORMATION ON THE RECORD TO BE AMENDED (Person whose birth record will be changed):

7. Full name as it currently appears on birth certificate: _____ (First) (Middle) (Last)

8. Date of birth: _____ (MM/DD/YYYY) 9. Sex as it appears on the certificate: _____ 10. City or County of birth: _____

11. Mother/Parent A- Full maiden name/name prior to first marriage as it appears on registrant's birth certificate:

_____ (Mother/Parent A First) (Middle) (Last name at mother's/parent A's birth)

12. Father/Parent B- Full name as it appears on registrant's birth certificate:

_____ (First) (Middle) (Last name at father's/parent B's birth)

***I am requesting that*:**

13. ☐ the legal name in item # 7 (above) be changed to: _____ (First) (Middle) (Last)

14a. ☐ the sex on the birth certificate identified above in item # 9 be changed.

14b. Sex as it should appear: ☐ Male ☐ Female ☐ X (Non-binary)

15. ☐ I would like an official copy of the new birth certificate. Number of copies: _____ *See info sheet for more details. ☐ Computer Issued ($25 per copy)* ☐ Full Image ($30 per copy)*

Applicant:
Sign your name ONLY in the presence of a Notary. Applicant must be the registrant if the registrant is age 18 or older.

Attestation: *I attest that this request is for the purpose of affirming my/the registrant's gender identity which is different than the sex shown on the current birth certificate. I understand making a false statement on this application is a Class C felony under ORS 432.993 and could result in imprisonment up to five years.*

► Signature of Applicant: _____

► Signature of Notary: _____

My commission expires: _____

Subscribed to before me on this _____ day of _____ 20 _____

State of _____ County of _____

Seal/Stamp

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

You can get this document in other languages, large print, braille or a format you prefer.
Contact the Center for Health Statistics at 971-673-1190. We accept all relay calls or you can dial 711.