

**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: \_\_\_\_\_