INSTRUCTIONS FOR APPLICANTS RESIDING OUTSIDE PUERTO RICO REQUESTING GENDER CHANGE

1. Complete the application provided by the Demographic Registry titled APPLICATION FOR GENDER CHANGE IN VITAL EVENT CERTIFICATION.

2. Must submit only one of the following documents:
   ✓ Driver’s license showing change in gender.
   ✓ Passport showing change in gender.
   ✓ Certification issued by a health professional or behavior professional who has a Physician-Patient relationship with the applicant. For those professionals practicing in the United States, the Demographic Registry of Puerto will verify they are legally authorized to practice as such.

3. Money order for the amount of $20.00 payable to the Secretary of the Treasury or a $20.00 Internal Revenue Stamp sold by Secretary of Treasury in Puerto Rico.

4. Must submit a copy of a valid ID such as Passport, Driver’s License or Non-driver’s ID from any state or U.S. territory.

5. In order to obtain a copy of new birth certification the applicant must submit the APPLICATION FOR PUERTO RICO BIRTH CERTIFICATION, which has to be completed in all its parts. All certifications requested by the applicant must include their corresponding payment. For more information please follow the instructions within the application.
APPLICATION FOR GENDER CHANGE IN VITAL EVENT CERTIFICATION

Please complete all the information requested below.

Part A: Applicant Information

Must submit only one of the following documents:

- Driver's license showing change in gender.
- Passport showing change in gender.
- Certification issued by a health professional or behavior professional who has a Physician-Patient relationship with the applicant. For those professionals practicing in the United States, the Demographic Registry of Puerto will verify they are legally authorized to practice as such. (Part B of this document)

If the applicant can't provide one of the documents listed above, a health professional or behavior professional must complete Part B of this form.

Name ___________________________ Initial ________ First Last Name ________ Second Last Name ________

Identification number must be the same presented

______________________________

Physical Address ___________________________ Mailing Address ___________________________

By this means, I request the issuance of my birth certification with the gender selection below:

- Female  - Male

Therefore, I, ___________________________, under penalty of perjury, certify; this request obeys exclusively to my interest that my birth certificate issued to me by the Demographic Registry, be in accordance with the gender with which I identify myself. So, I declare this request is not made with the intention of defrauding or committing any illegal act.

______________________________

Signature of the applicant Date (mm/dd/yy)

Part B: Information of the Clinical Professional who Evaluated the Applicant

Name of the Clinical Professional ___________________________ Initial ________ Last Names ________

Title of clinical evaluator (Psychologist, Clinical Therapist, Social Worker, Physician or Clinical Counselor) ___________________________

Phone Number ___________________________

______________________________

Physical Address ___________________________ Mailing Address ___________________________

For all relevant purposes and based on my professional opinion, I certify that the gender identity for the person named above is:

- Female  - Male

And that it can be expected that this will continue to be the gender identification of the applicant in the future. I certify under penalty of perjury that the information provided is true and real.

______________________________

Signature of the Clinical Professional Professional License NO. Date (mm/dd/yy)

Warning: All information and/or statements provided in this vital event request will be subject to verification. Any false representation, concealment omission or false information may be grounds for disqualification to issue this certification. It may also be criminally prosecuted by Articles 211, 212 to 227, 275, 277, 279 of the Penal Code of Puerto Rico, Act No. 140 of 2022, as amended.

Rev. 02/2010
GOBIERNO DE PUERTO RICO  
Departamento de Salud  
PUERTO RICO DEPARTMENT OF HEALTH  
DEMOGRAPHIC REGISTRY  
APPLICATION FOR PUERTO RICO BIRTH CERTIFICATION

PART I: REGISTRANT INFORMATION

<p>| Full Name |</p>
<table>
<thead>
<tr>
<th>Last Name</th>
<th>Mother's Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Place of Birth (Country)</th>
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<table>
<thead>
<tr>
<th>Father's Name</th>
<th>Mother's Name</th>
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<tr>
<th>Purpose</th>
<th>Number of Copies</th>
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PART II: APPLICANT INFORMATION

<p>| Full Name |</p>
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<tr>
<th>Mailing Address (Address where you will receive the document)</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Address 1:</td>
<td>Telephone:</td>
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<tr>
<td>Address 2:</td>
<td>Email:</td>
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<tr>
<td>City</td>
<td>State</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Include ID</th>
<th>Requester Signature</th>
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<tbody>
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<td>Driver's License</td>
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<tr>
<td>Passport</td>
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<tr>
<td>State ID</td>
<td>Others</td>
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</tbody>
</table>

7. Date

IMPORTANT INFORMATION OBTAINING A BIRTH CERTIFICATION:

Who can obtain a copy?
- Registered person with 18 years or older
- Parents of the registered person
- Children of the registered person (must be 18 years or older, if not born in Puerto Rico must submit a copy of their birth certificate to validate kinship)
- Legal guardian appointed by the court house (must submit copy of judicial order)

Cost of Certificate
- In order to minimize the unlawful use of a privileged document which has facilitated criminal behavior such as identity theft and fraud each registered person has a limit of 3 copies within a 12 month period which is counted from the first time requested.
- First copy within the 12 month period will have a cost of $7.00. The second and third copy within that same 12 month period will have a cost of $12.00 (both amounts already include the $2.00 service charge per copy)
- Applicants over 60 years of age residing in Puerto Rico: first copy within the 12 month period will be of no cost (free). The second and third copy within the same 12 month period will have a cost of $12.00 (service charge is already included per copy)
- Veterans residing in Puerto Rico: first copy within the 12 month period will be of no cost (free). The second and third copy within the same 12 month period will have a cost of $12.00 (service charge is already included per copy). Form DD-214 must be included (Circular letter number OPVLA-2015-02)

Acceptable payment methods
- Money Order payable to the SECRETARY OF TREASURE. Other forms of payment will not be accepted. DO NOT SEND cash nor personal checks.
- The applicant must send the exact amount of money to cover the cost of the certification and service charges. All requests require a search in our database therefore fees are non-refundable.
- If record is not found a certified Not Found Statement will be issued.

Acceptable forms of identification (include copy on both sides)
- All identifications must be unexpired and must include the applicant’s signature
- If you use your married last name in your ID please provide a copy of your marriage certificate to confirm the maiden name
- Driver’s License from any state or U.S. territory
- Passport
- Non-driver’s ID from any state or U.S. territory

SHIPPING INSTRUCTIONS
- Please include a stamped pre-addressed envelope
- Postal Address: Registro Demográfico
  PO Box 11854
  Fernández Juncos Station San Juan, Puerto Rico 00910

For additional information or questions, please call at: (787) 765-2929 Ext. 6100 or email: regdem@salud.pr.gov