



GUIDE TO LEGALLY TRANSITIONING IN THE STATE OF DELAWARE



Planned Parenthood of Delaware

congratulations!

If you're reading this, you're likely beginning or in the process of navigating official documentation changes related to your transition. This can be exciting, emotional, and stressful, all at the same time. To make this a little easier, here's a step by step guide for updating all of your official documents in the State of Delaware.

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Note: The information contained in this guide comes from public sources and is provided for informational purposes only. This guide is not meant to be, and should not be, construed as legal advice on any subject matter. If you need legal advice, please consult an attorney. Fees and procedures constantly evolve. Planned Parenthood of Delaware reviews this guide periodically and updates it as changes are made known. All fees and procedures are updated as of June 2025.

Legal Name Change

2 Steps

Step 1 - Application and Notary

As of March 2022, Delaware no longer requires you to publish your intent to change your name in a local newspaper. You can now skip this step and submit your paperwork directly to the court. Attached is the Petition for Name Change and the Affidavit of Petitioner. Complete these and have them notarized (privately or through your local bank.)

Attached Documents:

State of Delaware Change of Name Petition

Includes:

Petition for Name Change

Affidavit of Petitioner for Notary

Step 2 - Court Process

Once your paperwork is complete, you can use the State's name change packet to find the courthouse located in your county. In order to file, you will need to bring the following documents:

- Birth Certificate
- Photo ID
- Completed Petition for Name Change
- Notarized Affidavit

When you file your documents with the Court, there is a filing fee of \$85.00. The Court no longer requires in person hearings for name changes. You will receive a call when your name change has been processed and the Court will provide you with eight certified copies of your legal name change. Keep these - they are what we will use to change all of your other legal documents. You can purchase additional copies for \$10/copy.

Your name is now legally changed - congratulations! Everything will begin to move very quickly now.

You have 30 days from the date of your finalized name change to change the information on your Social Security card and driver's license. Begin changing your documents in **this specific order**:

1. Social Security Card
2. Driver's License/Identification
3. All Other Documents:
Credit Cards, Health Insurance, Car Insurance, Birth Certificate, Passport, Academic Documents

Social Security Card

2 Steps

Note: there is no charge for this service.

As of 2025, the Social Security Administration will **no longer** process changes to the sex marker on your records. You can still change your name on your records, but until the related 2025 Executive Orders are lifted, you must choose the gender marker that matches your sex assigned at birth.

Attached is an application for a new Social Security card. Schedule an appointment online; complete this and bring it to your local Social Security office along with the following:

- Evidence of identity (driver's license, identification, or passport)
- Evidence of Citizenship (passport or original birth certificate)
- Certified copy of your legal name change

Covid Changes:

Many SSA offices are closed to walk in appointments and they are currently requiring all applicants to mail in HARD COPY, ORIGINAL documentation -- NO exceptions. Download the DMV's Mobile ID app to continue driving and providing proof of identification while the SSA is processing your application and is in possession of your hard copy documents.



Attached Documents:
Application for Social Security Card

Driver's License

2 Steps

Step 1 - Gender Marker Form

Attached is the form that you will use to change the gender marker on your driver's license or identification card. There is a section that must be completed by a physician or a mental health professional. If you would like to change your gender marker to an "X," this is a separate form that does not need to be signed by a mental health professional.

Step 2 - DMV

Wait at least 72 hours after changing your Social Security information before going to the DMV. Bring the following documents:

- Gender Marker Form, if applicable
- Certified Copy of your legal name change
- Current driver's license

The fee for this process is \$1.15

Attached Documents:

Gender Marker Change Form

Birth Certificate

2 Steps

If you wish to change the sex on your birth certificate, you **MUST** have a letter from a licensed physician or mental health professional attesting to your medical transition. **Remember, your doctor does not have to specify what medical treatment you have completed -- you are able to change your gender marker without having any surgery.**

Attached Documents:

Affidavit for Sex Change - Physician Copy and Applicant Copy

Step 1 - Affidavit for Sex Change

Attached are the TWO forms that you will use to change the sex on your birth certificate. The first must be completed by a medical professional or mental health professional. The second must be completed by you. Both of these forms must be notarized. At this time, Delaware does not allow for an "X" designation on your birth certificate.

Step 2 - Office of Vital Statistics

Go to your nearest Office of Vital Statistics. Bring the following:

- Notarized Affidavits for Sex Change, if applicable
- Certified copy of your legal name change
- Original Birth Certificate
- Current photo identification

The fee for this process is \$25.00

Passport

2 Steps

As of 2025, the Passport Administration will **no longer** process changes to the sex marker on your records. You can still change your name on your records, but until the related 2025 Executive Orders are lifted, you must choose the gender marker that matches your sex assigned at birth. You are no longer able to choose an X gender marker for your passport. The only known (anecdotal) exception to this would be if you are a first time passport applicant and have all of your other legal documents match your chosen gender marker. Please contact Planned Parenthood of Delaware for more specific information around these changes.

Apply for a new passport using the typical passport application (DS-11.)

Include the following:

- Certified copy of your name change
- Passport photo that matches your current appearance

Fees for this service vary, but typically range from \$110 - \$150.

Other Documents

There are several other documents to consider changing. The processes (and fees) for this vary.

- Credit Cards
- Car and Health Insurance
- Loans, Mortgages, and Financial Aid
- Academic Related Records
(for current students, or diplomas and certificates for past students)
- Employment Related Records

Navigating Letters

Several of these steps require a letter from a medical or mental health professional attesting to your medical transition. Planned Parenthood of Delaware is happy to work with you to complete this letter writing process.

Requires ONE Letter:

Either from a medical or mental health professional

- Driver's License
- Birth Certificate
- Chest/Top Surgeries

Requires TWO Letters:

- Genital/Bottom Surgeries

WPATH guidelines do not require the second letter to be written by a doctoral-level clinician, but your specific insurance or surgeon's requirements may differ

COURT OF COMMON PLEAS

for the State Of Delaware



CHANGE OF NAME PETITIONS

<http://courts.state.de.us/commonpleas/>

GENERAL INSTRUCTIONS

- **Where to file:** your Petition for Change of Name and supporting documents must be filed in the Court of Common Pleas in the county in which you reside. If you or your spouse is in the military or seeking higher education in Delaware, you are eligible to change your name in Delaware only if you claim Delaware as your State of residency.
- **Filing Fee:** when you file your Petition for Change of Name, you will be required to pay a fee of \$85.00. You will receive the original Order signed by the Judicial Officer, plus eight certified copies of the signed Order. Additional copies may be obtained at a cost of \$10.00 per copy.
- **Required Documents:** you will be required to file the below-listed documents in the Court of Common Pleas in the county in which you reside. Petitions that are incomplete in any way will not be accepted. Contact information for the Court in each county is provided below.
 1. Petition for Name Change. In filling out the Petition, make certain you outline the full name of the individual seeking to have his/her name changed, indicating full addresses, including zip codes and daytime telephone numbers. This is important because the Court Clerk may need to contact you prior to your hearing date. If you move before receiving your copy of the Order, you must notify the Clerk's Office of your new address and telephone number.
 2. Affidavit of Petitioner.¹ The Affidavit of Petitioner form must be notarized by a Notary Public.
 - * To locate a Notary Public, you can refer to public libraries, postal/passport services, police stations, insurance/realtor offices, car dealerships, or local government offices. Notary Publics typically charge a small fee for notarization services.
 3. Birth Certificate.
 4. Photo ID.
 5. Documents related to any previous name change.
 6. Final order of divorce, or any other court process that has led to this name change.
- **Hearing.** Once you have filed all of the required documents with the Court, you will be assigned a hearing date. You must appear 30 minutes before your scheduled appearance to check in with the bailiff and be directed to the appropriate courtroom. Proper dress is required to enter the courtroom.

CONTACT INFORMATION

Please direct any questions to the Offices of the Clerk, Court of Common Pleas in the county in which you reside.

SUSSEX COUNTY

1 The Circle
Georgetown, DE 19947
(302) 858-5730
CCPSussex_CivilFilings@delaware.gov

KENT COUNTY

414 Federal Street
Dover, DE 19901
(302) 735-3900
CCP_KentCivilFax@delaware.gov

NEW CASTLE COUNTY

500 N. King Street Wilmington,
DE 19801
(302) 255-0900
CCP_NCCCivilFilings@delaware.gov

¹ An affidavit is a sworn statement; it must be signed and notarized. For more information, visit:
<http://delcode.delaware.gov/title10/c053a/index.shtml>.

6. Petitioner certifies that there are no creditors or other persons who will be defrauded or adversely affected by said change of name.

7. Petitioner:

Does Does Not have pending criminal charges, and

Is Is Not subject to supervision of the Department of Correction.

COMPLETE THIS SECTION ONLY IF PETITIONER HAS PENDING CRIMINAL CHARGES OR IS CURRENTLY SUBJECT TO THE SUPERVISION OF THE DEPARTMENT OF CORRECTION

8. The following criminal charges are pending against Petitioner: _____

9. If Petitioner is on probation or parole, specify the name of the officer, the term of probation or parole, and the charge(s): _____

Date

Petitioner

Application for a Social Security Card

Applying for a Social Security Card is free!

USE THIS APPLICATION TO:

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

IMPORTANT: You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at www.socialsecurity.gov.

Original Social Security Card

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

NOTE: If you are age 12 or older and have never received a Social Security number, you must apply in person.

Replacement Social Security Card

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

Changing Information on Your Social Security Record

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

IF YOU HAVE ANY QUESTIONS

If you have any questions about this form or about the evidence documents you must provide, please visit our website at www.socialsecurity.gov for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.

EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

IMPORTANT : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) **and/or** physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.

Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We **CANNOT** accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.

HOW TO COMPLETE THIS APPLICATION

Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.

GENERAL: Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and does not affect decisions on your application. We request this information for research and statistical purposes, to ensure all our customers receive fair and equal treatment.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. WHO CAN SIGN THE APPLICATION? If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

HOW TO SUBMIT THIS APPLICATION

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

PRIVACY ACT STATEMENT
Collection and Use of Personal Information

Sections 205 and 702 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from assigning you a Social Security number and issuing you a new or replacement Social Security card.

We will use the information you provide to issue you a replacement Social Security card. We may also share your information for the following purposes, called routine uses:

- To Federal, State, and local entities to assist them with administering income maintenance and health maintenance programs, when a Federal statute authorizes them to use the Social Security number; and
- To student volunteers, persons working under a personal services contract, and others when they need access to information in our records in order to perform their assigned agency duties.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0058, entitled Master Files of Social Security Number (SSN) Holders and SSN Applications, as published in the Federal Register (FR) on December 29, 2010, at 75 FR 82121. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take between 5 and 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	4
				DATE OF BIRTH MM/DD/YYYY	
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="checkbox"/> Unknown
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="checkbox"/> Unknown
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY		15	DAYTIME PHONE NUMBER Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country	ZIP Code	
17	YOUR SIGNATURE		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____	

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
ITV		PBC		EVI		EVA	
EVC		PRA		NWR		DNR	
UNIT		EVIDENCE SUBMITTED					
SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW						DATE	
DCL						DATE	

REQUEST FOR GENDER CHANGE ON DRIVER LICENSE/IDENTIFICATION CARD



PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

Customer: Please complete Sections A, B, C, and D.

A - DRIVER INFORMATION

DRIVER LICENSE NUMBER		LAST NAME(S)		SUFFIX
FIRST NAME		MIDDLE NAME		
DATE OF BIRTH		DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (if applicable)
MONTH	DAY	YEAR		
Please check the product(s) you currently have:				
<input type="checkbox"/> Class D Driver License		<input type="checkbox"/> Commercial Driver License		<input type="checkbox"/> Identification Card

B - GENDER DESIGNATION STATEMENT

I, _____, wish the gender designation on my driver license/ID card to read:

(Applicant's Full Name)

MALE FEMALE

C - TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

PROVIDER'S LAST NAME	PROVIDER'S FIRST NAME	PROVIDER'S TITLE
PROVIDER'S ORGANIZATION	STATE MEDICAL LICENSE #	STATE LICENSED IN
PROVIDER'S STREET ADDRESS		
CITY	STATE	ZIP

I am a licensed: Physician Therapist/Counselor Social Worker

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is Male Female and can reasonably be expected to continue as such for the foreseeable future.

I certify, under the penalty of perjury, that the foregoing medical or social service provider information on this application is true and correct.

PROVIDER'S SIGNATURE: _____ DATE: _____

D - AUTHORIZATION AND CERTIFICATION

I certify, under the penalty of perjury, that the information on this application is true and correct to the best of my knowledge, that this request for the selected gender designation to appear on my driver license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose, and that I am a bona fide resident of Delaware.

APPLICANT'S SIGNATURE: _____ DATE: _____

E - TO BE COMPLETED BY THE DIVISION OF MOTOR VEHICLES

APPROVING SUPERVISOR/SENIOR NAME: _____

APPROVING SUPERVISOR/SENIOR SIGNATURE: _____ DATE: _____



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

Gender Designation Change Consent Form

Name: _____

I, _____, request to have my gender designation
(print name)
changed from M/F/X to M/F/X on my driver license or identification card

(Delaware DL/ID Number)

I understand Selective Service registration is required by law under 50 U.S.C. Appendix §§ 451-473, the Military Selective Service Act (MSSA). Selective Service determines the registration requirement on gender assigned at birth and not on gender identity or on gender reassignment. Individuals who are born male and change their gender to female or not specified are still required to register.

Signature: _____ Date: _____

[Date of Issuance: _____]



Affidavit must be on provider's letterhead OR

Provider's address: _____

Provider's telephone: _____

Provider's email: _____

Healthcare Provider's Affidavit for Sex Change on Birth Certificate

I, _____, am a U.S.-licensed healthcare provider in good standing.
(Provider's Full Name)

Please check one box. Note: **This affidavit must be notarized.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician (MD or DO) | <input type="checkbox"/> Social worker (LMSW or LCSW) | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> Doctoral-level psychologist
(PhD or PsyD in clinical or counseling) | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Midwife |
| <input type="checkbox"/> Nurse practitioner | | |

I am the healthcare provider of _____,
whom I have treated in a doctor/patient relationship and have reviewed and evaluated his/her
medical history.

Patient's Full Name at Birth: _____

If Name Change, Patient's Current Name: _____

Patient's Date of Birth: _____

Address: _____

I hereby certify and confirm that, in keeping with contemporary expert standards regarding gender identity, _____'s requested change of sex designation from ____ to ____ accurately reflects their gender identity. This is based on one of the following.

____ The registrant has undergone surgical, hormonal, psychological or other treatment appropriate for the individual for the purpose of gender transition, based on contemporary medical standards.

____ The registrant has an intersex condition, and that in the provider's professional opinion, the individual's sex as listed on the original birth certificate should be changed.

Affidavit must be on provider's letterhead OR

Provider's address: _____

Provider's telephone: _____

Provider's email: _____

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signature of Provider: _____ Date: _____

Typed or Printed Name of Provider: _____

License Number: _____ State Issued: _____

License Type: _____ National Provider Identifier (NPI) Number: _____

NOTARY ACKNOWLEDGMENT

STATE OF _____:

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20__.

Notary Public

Title

My commission expires: _____

Requester's Affidavit for Sex Change on Birth Certificate
16 DE Admin. Code 4205 Vital Statistics, Section 10.7 of this regulation

Print Requester's Full Name at Birth (For Minor, print and sign parent's name): _____

If Name Change with Court Order, Requester's Current Name: _____

If Request is for Minor, please print minor's name: _____

Requester's Date of Birth: ___/___/_____

Sex at Birth: Male Female

Address: _____

Complete the appropriate section that applies to you.

REQUESTERS 18 YEARS OR OLDER: I, _____, am 18 years of age or older and am competent to provide a sworn, attested affidavit. I officially request the sex on my birth certificate be changed to **male** or **female** in accordance with 16 DE Admin. Code 4205 Vital Statistics, subsection 10.7.1.1 of this regulation. (or)

FOR MINORS: I am the **parent** or **guardian** of _____, who is a minor, and I am competent to provide a sworn, attested affidavit on the child's behalf. I officially request the sex on the child's birth certificate be changed to **male** or **female** in accordance with 16 DE Admin. Code 4205 Vital Statistics, subsection 10.7.1.1 of this regulation. (For guardians, please include the Court guardianship paperwork.)

I, or the child, have been under the care of a U.S. licensed healthcare provider, Enter full name _____ (required Healthcare Provider's Affidavit attached in accordance with 16 DE Admin. Code 4205 Vital Statistics, subsection 10.7.1.2 of this regulation).

I, hereby certify and confirm that this decision is based on one of the following. (*Please initial one.*)

____ I, or the child, have undergone surgical, hormonal, psychological or other treatment appropriate for the purpose of gender transition, based on contemporary medical standards.

____ I, or the child, have an intersex condition, and that in the provider's professional opinion, the sex as listed on my original birth certificate should be changed.

NOTARY ACKNOWLEDGMENT

STATE OF _____:

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20__.

Notary Public

Title

My commission expires: _____