

**AFFIDAVIT AND APPLICATION FOR AMENDMENT OF BIRTH RECORD SEX
REDESIGNATION HRS 338.17.7(a)(4)**

The undersigned Affiant hereby requests the State of Hawai'i, Department of Health, Office of Health Status Monitoring, to amend the Birth Certificate as indicated below:

1. Name of Registrant – Print full legal name	2. Date of Birth
3. File Number of Vital Record, if known: HAWAII BIRTH CERTIFICATE # 151- _____ - _____	

The following items on the certificate are to be amended:

4. Item no.	5. Name of Item	6. Original Entry (If blank, so state)	7. Amended Information
9	SEX	FROM:	TO:

8. The reason for the request is: (If there is a legal basis for the request, please cite the applicable law.)
HRS 338.17.7(a)(4); _____

9. Name of Affiant (print)

Signature of Affiant

DATE

Subscribed and sworn to before me,

REF:

_____ (Day) _____ (Month) _____ (Year)

(Signature of Notary Public or Dept of Health Personnel)

Notary Public, _____ Judicial Circuit,
State of

My commission expires: _____

Health Dept. Personnel Authorized to Administer Oaths,
Sec. 338-51, Hawai'i Revised Statutes.

Doc. Date: _____ # Pages: _____	
Notary Name: _____ Circuit	
Doc. Description <u>Affidavit and</u> <u>Application for Amendment of Birth Record</u>	
	Stamp Or Seal
Notary Signature	Date