



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)
--	--------------------------	-----------------



GOBIERNO DE PUERTO RICO

Departamento de Salud

PUERTO RICO DEPARTMENT OF HEALTH DEMOGRAPHIC REGISTRY

APPLICATION FOR PUERTO RICO BIRTH CERTIFICATION

M RD 225

Revised 02/2019

PART I: REGISTRANT INFORMATION

1. Full Name:			
_____	_____	_____	_____
Last Name	Mother's Last Name	First Name	Middle Name
2. Date of Birth: (mm/dd/yyyy)		3. Place of Birth: (Country)	
_____		_____	
4. Father's Name:		5. Mother's Name:	
_____		_____	
6. Purpose:			7. Number of Copies
_____			_____

PART II: APPLICANT INFORMATION

1. Full Name: (A person ordering his or her own certification should enter "SELF" in this space.)		2. RELATIONSHIP TO PERSON LISTED ABOVE (PART:1)	
_____	_____	_____	_____
Last Name	First Name	Middle Name	
3. Mailing Address: (Address where you will receive the document)		4. Contact Information:	
Address 1: _____		Telephone: _____	
Address 2: _____		Email: _____	
City State Zip Code			
5. Include ID:		6. Requester Signature:	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Others _____		_____	
		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 OPVELA-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 data base 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