

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITION OF (<i>Name</i>):	
PETITION FOR CHANGE OF GENDER AND ISSUANCE OF NEW BIRTH CERTIFICATE	CASE NUMBER:

1. Petitioner (*name*):
is a resident of the county where this petition is filed.
2. Petitioner requests an order for the issuance of a new birth certificate reflecting the change of petitioner's gender
 - a. from male to female.
 - b. from female to male.
3. A declaration by a physician documenting the gender change through surgical treatment as provided under Health and Safety Code sections 103425 and 103430 is filed with this petition. (*Attach a copy of Declaration of Physician—Attachment to Petition (form NC-310).*)
4. Petitioner has has not already obtained a decree of change of name. (*If petitioner has obtained a decree of change of name, attach a certified copy of the decree to this petition.*)
5. Petitioner requests that the court issue an order setting a hearing on this petition at which objections may be filed by any person who can show to the court good reason against the change of birth certificate.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

(SIGNATURE OF PETITIONER)

INSTRUCTIONS FOR FILING PETITION FOR CHANGE OF GENDER AND ISSUANCE OF NEW BIRTH CERTIFICATE

(This instruction page is for the information of petitioners. It is not part of the petition and does not need to be filed.)

1. Where to File

The petition for the issuance of a new birth certificate reflecting a change in gender must be filed in the superior court in the county where the petitioner presently lives.

2. What Forms Are Required

You will need an original and a copy of each of the following documents:

- a. *Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-300)
- b. *Declaration of Physician—Attachment to Petition* (form NC-310) (signed by the physician and attached to form NC-300)
- c. *Notice of Hearing on Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-320)
- d. *Order for Change of Gender and Issuance of New Birth Certificate* (form NC-330)

In addition, if you have already obtained a decree of change of name, attach a certified copy of the decree to the petition.

3. Filing Fee

Prepare an original *Civil Case Cover Sheet* (form CM-010). File the original petition and *Civil Case Cover Sheet* with the clerk of the court and obtain a filed-endorsed copy of the petition. A filing fee will be charged unless you qualify for a fee waiver. (If you want to apply for a fee waiver, see *Application for Waiver of Court Fees and Costs* (form 982(a)(17)); *Information Sheet on Waiver of Court Fees and Costs* (form 982(a)(17)(A)—INFO); and *Order on Application for Waiver of Court Fees and Costs* (form 982(a)(18)).

4. Requesting a Court Hearing Date

You should request a date for the hearing on the *Notice of Hearing on Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-320).

5. Filing the Order to Show Cause

Take the completed form to the clerk's office. The clerk will provide the hearing date and location, obtain the judicial officer's signature, file the original, and give you a copy.

6. Court Hearing

Bring copies of all documents to the hearing. If the judge grants the petition, the judge will sign the *Order for Change of Gender and Issuance of New Birth Certificate* (form NC-300).

7. New Birth Certificate

To obtain a new birth certificate reflecting the change of gender, file a certified copy of the order within 30 days with the Secretary of State and the State Registrar and pay the applicable fees. You may write or contact the State Registrar at:

**California Department of Health Services
Office of Vital Records
MS 5103, P.O. Box 997410
Sacramento, CA 95899-7410**

**Phone: (916) 445-2684
Web site: www.dhs.ca.gov**

Local courts may supplement these instructions. Check with the court to determine whether supplemental information is available. For instance, the court may provide you with additional written information identifying the department that handles these petitions and the times when petitions are heard.

PETITION OF (Name):	CASE NUMBER:
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**DECLARATION OF PHYSICIAN
 DOCUMENTING CHANGE OF GENDER THROUGH SURGICAL TREATMENT
 UNDER HEALTH AND SAFETY CODE SECTIONS 103425 AND 103430**

Attachment to *Petition for Change of Name and Gender* (form NC-200) or *Petition for Change of Gender and Issuance of New Birth Certificate* (Form NC-300)

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing declaration is true and correct.

Date:

 (TYPE OR PRINT NAME OF PHYSICIAN)

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 (SIGNATURE OF PHYSICIAN)