

NAME AND GENDER MARKER CHANGE PROCESS

A quick primer on name and gender marker
changes in Massachusetts

PROCESS

- 2 Parts: Name and Gender Marker
 - Can be pursued together or separately
- MANY forms of IDs: RMV, Social Security, Passport, Immigration, Military, etc.
- Different steps, in different orders
 - We have our recommendations, but they're may be variations, depending on circumstances.

NAME CHANGE

- Recommended Order:

- Probate Court name change
- SSA
- RMV/State ID
- Passport
- [other ID's if applicable (immigration, military, etc.)]
- Birth Certificate (name and gender must be changed together)

GENDER MARKER CHANGE

- “Legal gender”
- We recommend this order:
 - RMV/State ID
 - SSA
 - Passport
 - [Any additional ID's that have gender markers]
 - Birth Certificate (name and gender must be changed together)

NAME CHANGE: COURT PROCESS

- Find your Local Probate Court
- Needed:
 - Certified copy of birth certificate
 - Name Change Petition Form
 - [If applicable: any previous name change decrees]
 - [If applicable: letter from spouse acknowledging they are aware of your request for a name change]
- Petition Form
 - Available online, or at the court house
 - Fees: \$185 (varies, may have gone up)
 - Affidavit of indigency available

NAME CHANGE: COURT PROCESS

- **Changing first and last**
 - MAY require a notice in the paper (courts differ on this)
 - Requires a separate fee with the newspaper
- **Appearing before a judge**
 - Some courts may ask you to appear before a judge, others just before a clerk.
 - You MAY face difficulty if you have any kind of criminal record. If you do, you should contact a lawyer
- **Under 18**
 - Parent/guardian to fill out the form
 - Other parents may be required to be notified.

Mass. Gen. L. 210 § 12: “A petition for the change of name of a person may be heard by the probate court in the county where the petitioner resides. The change of name of a person shall be granted unless such change is inconsistent with public interests.”

COURT NAME CHANGE VS. COMMON LAW

“We begin our discussion with the recognition that **‘at common law a person may change his name at will, without resort to legal proceedings, by merely adopting another name, provided that this is done for an honest purpose.’**

...That a change of name petition may be sought pursuant to G.L. c. 210, § 12, FN5 ‘does not abrogate the common law right to use a name of one's choosing.... It simply aids a petitioner in securing an official record which definitely and specifically establishes his change of name.’”

Richards v. Mason, 54 Mass. App. Ct. 568, 570-571 (2002).

Tip: Write or Type Your Name Clearly - You may be using this document in the future

Common Reasons:

- “ ” is the name I use
- Personal
- Gender Transition

Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department
Change of Name(s)

Division Docket No. _____

Name of Petitioner First Name Middle Name Last Name
 Street Address (City/Town) (State) (Zip)

Date of Birth Place of Birth

Name of Spouse First Name Middle Name Last Name
 Date of Birth Place of Birth

Names of Minor Children

Reason for change

Have parties ever changed their names before? If answer is yes, explain

Petitioner(s) request(s) that his/her/their name(s) be changed as follows:

	Name at Present:			To be changed to:		
Petitioner	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Spouse	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Child	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Child	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Child	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name

Date SIGNATURE OF PETITIONER
 SIGNATURE OF SPOUSE (if joint petition)

Signature of Minor(s) as signed by father or mother as next friend.

DECREE

Notice having been given according to the order of the Court, and no objection being made, it is decreed that the above name(s) be changed as requested, which name(s) he/she/they shall hereafter bear, and which shall be his/her/their legal name(s).

Date JUSTICE OF THE PROBATE AND FAMILY COURT

C.J.P. 27 (4/09) C.G.F.

IF YOU CAN'T AFFORD THE COURT NAME CHANGE:

Commonwealth of Massachusetts

AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

(Note. If you are currently confined in a prison or jail and are not seeking immediate release under G.L. c. 248 S1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), do not use this form. Obtain separate forms from the clerk.)

Court _____ Case Name and Number (if known) _____

Name of applicant _____

Address _____
(Street and number) _____ (City or town) _____ (State and Zip) _____

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (check only one):

- • (A) I receive public assistance under Transitional Aid to Families with Dependent Children (TAFDC), Emergency Aid to Elderly, Disabled or Children (EAEDC), Supplemental Security Income (SSI), Medicaid (MassHealth) or Massachusetts Veterans Benefits Program; (circle form of public assistance received); or
- • (B) My income, less taxes deducted from my pay, is \$ _____ per week/month/year (circle period that applies), for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below the court system's poverty level. (Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk. The court system's poverty level is updated each year.) [List any other available household income for the circled period on this line: _____) or
- • (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following NORMAL FEES AND COSTS be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state). (Check all that apply and, in any "\$_____" blank, indicate your best guess as to the cost, if known.)

- • Filing fee and any surcharge. \$ _____
- • Filing fee and any surcharge for appeal. \$ _____
- • Fees or costs for serving court summons, witness subpoenas or other court papers. \$ _____

NAME CHANGE: SOCIAL SECURITY

- You will need:
 - Form SS-5 (available online)
 - Proof of name change
 - [If you were born outside the US, proof of US citizenship]
- No Fees
- Notes:
 - You must do a name change with SSA BEFORE going to the RMV

NAME CHANGE: STATE AND FEDERAL ID'S

RMV

- Proof of Name Change
- Social Security Card, with updated name
- Cash for RMV, currently \$25 (fees change, check their website)
- Form: “Application for ID” – check “change of information”

Passport

- Form DS-5504 (name change, data correction)
- Proof of name change
- Most recent passport
- New photos
- Fees: Vary

GENDER MARKER: STATE ID

- You will need:
 - Same form as name change:
 - Do NOT need:
 - Separate letter
 - Proof of surgery, hormones, etc.
 - Fees: \$25 (if you do name and gender marker together, only one \$25 fee)
 - If you do not have an ID/license already: \$50

RMV FORMS



Driver's License, Learner's Permit or ID Card Application

(Passenger (Class D), Motorcycle (Class M), Class D/M, or Massachusetts Identification Card)

Save time, go to mass.gov/RMV to apply online!

A. Service Type

1. Type: REAL ID Standard ID
2. Document to Issue: Learner's Permit Driver's License Massachusetts ID Card
3. Class of Learner's Permit/License (if applicable): Passenger (Class D) Motorcycle (Class M) Both (Class D/M)

4. Service Type: New Renewal Replacement Out-of-State Conversion Reinstatement CDL Downgrade
 Change of Information (Enter new information in applicable fields): Name Address DOB Gender Height Eye Color



B. Applicant Information

Last Name (If you're getting a REAL ID, provide your full legal name)

First Name

Middle Name

Suffix

D. Required Demographic Information

Gender

M F X

Eye Color

Black Brown Gray Hazel Pink Blue Dichromatic Green Maroon Unknown

Height (feet, inches)

Register me (or keep me registered) as an Organ and Tissue Donor: Yes No For more information on organ and tissue donation, visit: NEDS.org

Would you like to donate \$2 to the Organ and Tissue Donor Registration Fund?
(to be answered for renewal and replacement transactions only)

Yes No

GENDER MARKER: SOCIAL SECURITY

- It's not on your card, but it is in the SSA records
- You will need:
 - Form SS-5
 - Proof of identity (can be proof of name change)
 - Evidence of gender marker change:
 - US Passport showing correct gender
 - Birth Certificate
 - Court order recognizing correct gender
 - Signed letter from health provider stating you have had appropriate clinical treatment.

GENDER MARKER: PASSPORT

- You will need:
 - Form DS-11
 - Photographs
 - Proof of citizenship
 - Government issued photo identification
 - A medical certification that indicates you have had “appropriate clinical treatment”
 - Fees: change depending on circumstances, check website
- Must be done IN PERSON

SAMPLE PHYSICIAN'S LETTER (FROM GOV'T)

Licensed Physician's Letterhead
(Physician's Address and Telephone Number)

I, (physician's full name), (physician's medical license or certificate number), (issuing U.S. State/Foreign Country of medical license/certificate), am the physician of (name of patient), whom I have treated (or whose medical history I have reviewed and evaluated).

(Name of patient) has had appropriate clinical treatment for transition to (specify new sex male or female).

Or

(Name of patient) is in the process of transition to (specify new sex male or female).

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

Signature of Physician

Typed Name of Physician

Date

BIRTH CERTIFICATES

- Only if your birth certificate was issued in MA
 - Other states have different requirements.
- Required to change both name and gender marker together
- Requirements:
 - Notarized letter/form from a doctor stating "appropriate clinical care"

BIRTH CERTIFICATE CONTINUED

R-116 04012016



Applicant Affidavit in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment

Registry of Vital Records and Statistics
Massachusetts Department of Public Health



Information on existing birth certificate	Name:	First	Middle	Last
	Sex:	<input checked="" type="radio"/> Male	<input type="radio"/> Female	Date of Birth:
	City/Town of Birth:			
	Mother/Parent Name:			
	Father/Parent Name:			
	Name and Sex to appear on amended birth certificate	Name:	First	Middle
	Sex:	<input checked="" type="radio"/> Male	<input type="radio"/> Female	

BIRTH CERTIFICATE CONTINUED

R-115 04012016



Physician's Statement in Support of Amendment of a Birth Certificate Following Medical Intervention for the Purpose of Sex Reassignment



Registry of Vital Records and Statistics
Massachusetts Department of Public Health

Affidavit	<p>I am a licensed physician in good standing in the State or jurisdiction listed above. I am a physician of the patient listed above, with whom I have a doctor-patient relationship and whose medical history I have reviewed and evaluated. I make this affidavit in support of my patient's request for a permanent amendment of the birth certificate registered with the Massachusetts Registry of Vital Records and Statistics pursuant to M.G.L. c.46 §13(e). I hereby certify that my patient, listed above, has completed medical intervention, appropriate for the patient, for the purpose of permanent sex reassignment. In my medical opinion the patient is not of the sex recorded at birth and the sex on their amended birth certificate should be listed as:</p> <p><input checked="" type="radio"/> Male <input type="radio"/> Female.</p> <p>I declare under the pains and penalties of perjury that the information above is true and accurate.</p> <p>X</p> <p>Signature of Physician _____ Date _____</p>	
Notarization	<p>On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____, who proved to me through satisfactory evidence of identification, which was or were _____, to be the person who signed the preceding document in my presence, and who swore or affirmed to me that</p>	

OTHER DOCUMENTS

- Immigration Documents
 - Employment Authorization Card
 - Permanent Resident Card
 - Naturalization Card
- Military IDs
 - Records
 - Military Discharge Record
 - Defense Enrollment Eligibility Reporting System (DEERS)