


ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITION OF (name):		
PETITION FOR RECOGNITION OF CHANGE OF GENDER AND FOR ISSUANCE OF NEW BIRTH CERTIFICATE		CASE NUMBER:

Before you complete this petition, you should read the instructions on the next page. Note: if you were born in California, you do not need to file this petition or to obtain a court order in order for the State Registrar to issue a new birth certificate reflecting a change of gender. See Health and Safety Code section 103426.

1. Petitioner (present name): _____ is 18 years old or older and requests an order recognizing the change of petitioner's gender to
 - a. ☐ female.
 - b. ☐ male.
 - c. ☐ nonbinary.
2. ☐ Petitioner requests an order for the issuance of a new birth certificate reflecting the change of petitioner's gender.
3. 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.)
4. I declare under penalty of perjury under the laws of the state of California that the request for a change in gender to (check one) ☐ female ☐ male ☐ nonbinary is to conform my legal gender to my gender identity and is not for any fraudulent purpose.

Date:

(TYPE OR PRINT NAME OF PETITIONER)

_____
(SIGNATURE OF PETITIONER)