Thundermist Health Center

Name and Gender Documentation Change Guide for Rhode Island Residents

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Introduction: This guide is meant to provide information on the most common steps that Rhode Island residents need to take in order to change their name and/or gender marker on legal documents. Some people may have unique needs or concerns and may want to contact the Transgender Health Access Program at Thundermist Community Health Center for additional guidance. Individuals looking to chance state level documents originating outside of Rhode Island should check with [www.transequality.org](http://www.transequality.org) for instructions.

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Overview of Steps to Complete the Name/Gender Marker Changes in Rhode Island

\_\_\_\_\_Step 1: Gather your original legal documents (birth certificate, social security card, license, passport…)

\_\_\_\_\_Step 2: File the application for change of name with the court

\_\_\_\_\_Step 3: Obtain the necessary documentation from your medical provider.

\_\_\_\_\_Step 4: Change your name and/or gender marker with the Social Security Administration

\_\_\_\_\_Step 5: Change your name and/or gender marker with the RI Department of Motor   
 Vehicles

\_\_\_\_\_Step 6: Change your name and/or gender marker on your birth certificate

\_\_\_\_\_Step 7: Change your name and/or gender marker on your health insurance and medical   
 Records

\_\_\_\_\_Step 8: Change your name and/or gender marker on your passport

\_\_\_\_\_Step 9: Change your name on your car registration, credit cards, with employers, etc.



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Filing an application for change of name with the court

This process is slightly different for each city/town, including cost. The reason is that some municipalities require public notice in a local newspaper and some do not. You will generally have to complete the steps listed below.

1. **Name Change Form**

[Download, print and fill out this form](http://sos.ri.gov/documents/probate/PC8.1.pdf)

* Important: There is a line on this form asking for reason for the name change with instructions to “be specific”. You do not have to disclose your gender identity to change your name. It is within your rights to answer with “preferred name” or “common usage”.
* Be aware that this form and your answers will become part of public record.

1. **Birth Certificate**

* Obtain a certified copy of your birth certificate.
* If you were born out of state this can often be done by mail.
* If you were born in Rhode Island, you can get it from the [Vital Records Office](http://www.health.ri.gov/records/) or through the[Clerk’s Office in the city/town in which you were born](http://www.health.ri.gov/records/#where).

1. **Background Check**

* Get a background (BCI) check- you might be able to do this at your local RI police department OR
* Go through the [Attorney General’s office by following the instructions that are listed here](http://www.riag.ri.gov/BCI/index.php). (recommended)
* Important: A BCI costs $5.00, but they DO NOT take cash- you will need a check, money order, or credit card.
* Note: Some towns will include acquiring the BCI check as a part of their name change procedure and some require you to do it on your own. Be sure to ask the Probate Court in the city or town in which you reside. The cost should be the same either way.

**4) Probate Court**

* Contact the Probate Court in the city or town in which you reside. [You can find the list of probate contacts here](https://www.providenceri.com/efile/620).
* Ask them for clear instructions for their legal name change process including:
  + all fees involved
  + acceptable payment methods
  + when probate court is in session. Some are only in session once a month, others 1-2 days a week.
  + If you will need to bring all of your paperwork before getting a court date
* Appear before the Probate Judge. You may want to bring a friend for support and as a witness.
* Get multiple copies of your name change document.
  + You will need at least 2 copies to complete the other document changes.
  + It is usually less expensive to get an extra copy while you are there than to have to go back again later.
  + It is also possible to take the one official copy, make photocopies and get the photocopies notarized as official/true copies of the original.

Name and Gender Marker Change with Social Security

* You can change your name and gender marker with Social Security at the same time
* Social Security will accept any one of the following forms of evidence for a gender marker change:
  + U.S. passport showing the correct gender
  + Birth certificate showing the correct gender
  + Court order recognizing the correct gender
  + Signed letter from a provider confirming you have had appropriate clinical treatment for gender transition
* As of May 2012 it is no longer necessary to change your gender with social security before changing it on your RI driver’s license. You also do not have to do this to change it on your US passport.
* [Follow this link to info about changing your gender marker with Social Security](https://faq.ssa.gov/link/portal/34011/34019/Article/2856/How-do-I-change-my-gender-on-Social-Security-s-records)
* To find the location of the nearest Social Security Administration office click here:

<https://secure.ssa.gov/ICON/main.jsp>

Medical Provider letter template:

*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, with whom I have a doctor/patient relationship and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated).*

*Name of Patient has had appropriate clinical treatment for gender transition to the new gender (specify new gender 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*

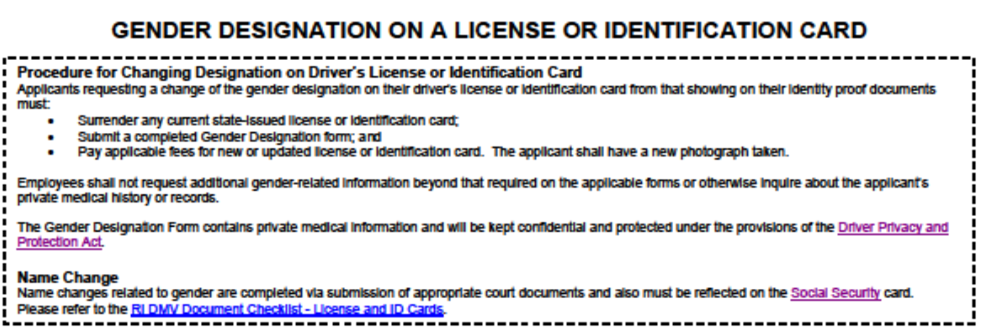
*Typed Name*

*Date*



Name and Gender Marker Changes with the Rhode Island Department of Motor Vehicles

* Change your name with Social Security First
* Wait 24h hours after SSA change before going to the DMV
* Bring your receipt from social security
* Complete the Gender Designation Change Form
* [Print out and complete the top section of this form](http://www.dmv.ri.gov/documents/forms/license/gender_designation.pdf) the bottom half must be completed by a physician, licensed therapist or case/social worker. Follow the instructions listed on the form carefully. The form states that employees are not allowed to ask about your personal medical history.
* Bring current ID/license
* Bring your name change court order (just in case)
* Pay the fee
* Must turn in your old ID and take a new picture
* If you have problems, ask for a supervisor
* Some workers are not familiar with the form
* Note: You don’t need to wait for your new SS card to come in the mail
* It is possible to change the gender marker with the DMV even if you do not change it with social security. However, name changes must go through Social Security first.



Name and Gender Marker Change for Rhode Island Birth Certificates

* Note: gender affirmation surgery is no longer required to update your gender marker on your Rhode Island birth certificate (as of October 2014).
* Letters:
  + A notarizedletter from a medical provider on office letterhead (see medical provider affidavit model language below)
  + Your own notarized letter requesting your gender marker be changed (see the applicant affidavit model language below for details).
  + Both letters must include your full name and date of birth.
* Cost
  + $10.00 to update the certificate and $20.00 for a certified copy
  + Each additional copy is $15.00.
  + Cash, check, or money order accepted in person. Only check or money order accepted if you do it by mail.
  + Check/money order should be made out to "General Treasurer, State of Rhode Island".
* The process can be completed in person or by mail:

RI Dept of Health, Office of Vital Records, rm 101

3 Capitol Hill

Providence, RI 02903

* Names will be marked as amended if they are changed. Gender markers will not indicate that they were amended.
* **Intersex individuals**
  + A person who is intersex and wishes to change the gender on their birth certificate can use this same procedure, and the Medical Provider Affidavit merely needs to state that, in the medical provider’s professional opinion, the individual’s gender on the birth certificate should be changed.

From [Gay & Lesbian Advocates & Defenders- RI Birth Certificate Tool Kit:](http://www.glad.org/rights/toolkit/rhode-island-birth-certificate-tool-kit)

1. Applicant Affidavit:

Submit an affidavit, which is a signed written statement, where you state:

“I, [NAME OF APPLICANT] [DOB: MM/DD/YYYY] under the pains and penalties of perjury, declare that I have undergone appropriate treatment for the purpose of gender transition based on contemporary clinical standards, and that I am no longer the gender recorded on my current birth certificate. I am therefore requesting that the gender marker on my birth certificate be changed from [MALE/FEMALE] to [FEMALE/MALE]."

2. Medical Provider Affidavit

Submit an affidavit executed by a physician, certified nurse practitioner or physician’s assistant (registered to practice in Rhode Island, any other state, or with appropriate documentation from a foreign country), that states:

“I, [NAME OF MEDICAL PROVIDER], declare under the pains and penalties of perjury that I am a licensed physician/certified nurse practitioner/physician’s assistant in good standing in [STATE OR FOREIGN COUNTRY]. I have treated and/or evaluated [NAME OF APPLICANT] [DOB: MM/DD/YYYY]. I make this affidavit in support of [NAME OF APPLICANT] ’s request that the gender marker on the birth certificate be changed from [MALE/FEMALE] to [FEMALE/MALE] . I certify that [NAME OF APPLICANT] has undergone appropriate treatment for the purpose of gender transition based on contemporary clinical standards."

\*both letters must be notarized\*

Name and Gender Marker Changes for Passports

Adapted From: <https://travel.state.gov/content/passports/en/passports/information/gender.html>

Gender Designation Change

* Passports are valid for different lengths of time depending on where you are in your gender transition.

|  |  |
| --- | --- |
| **Status of Gender Transition** | **Validity of Passport** |
| You have had appropriate  clinical treatment\* | 10 years |
| You are in the process of getting  appropriate clinical treatment\*\* | 2 years |

*\*Your physician determines what is considered appropriate clinical treatment.  
\*\* This remains an option but most people find this step unnecessary.*

## Requirements

You must apply using [Form DS-11](http://www.state.gov/documents/organization/212239.pdf), unless you are replacing a limited-validity passport in your correct gender (see below). **In addition** to the regularly-required documents\*, submit the following:

* ID that resembles your current appearance
* Passport photo that resembles your current appearance
* A [medical certification](https://travel.state.gov/content/passports/en/passports/information/gender.html#med) that indicates you are in the process of or have had appropriate clinical treatment for gender transition
* Proof of legal name change (if applicable)

### Medical Certification

A signed, original statement from a licensed physician must be on office letterhead and include:

* Physician’s full name, address, and telephone number
* Medical license or certificate number
* Issuing state or other jurisdiction of medical license/certificate
* Language stating that:
  + He or she has a doctor/patient relationship with you
  + He or she has treated you or has reviewed and evaluated your medical history
  + You have had, or are in process of having, appropriate clinical treatment for transition to the updated gender (male or female)
  + The statement must include, “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”

## Replacing a Limited-Validity Passport

You may have received a limited-validity passport because your gender transition was still in process. To replace a limited-validity passport for a full validity passport, submit [Form DS-5504](http://www.state.gov/documents/organization/212249.pdf) (at no additional cost). To use this form, you must apply within two years of your previous passport's issue date.

Submit the following:

* Your limited passport book
* Passport photo that resembles your current appearance
* A [medical certification](https://travel.state.gov/content/dam/passports/Physician%20Letter%20Example.docx) indicating you have had appropriate clinical treatment for gender transition

Description of specific treatments is not required. The certification from your physician is based on his or her judgment of your treatment needs. This is in accordance with standards and recommendations of the World Professional Association for Transgender Health ([WPATH](http://www.wpath.org/)), recognized as the authority in this field by the American Medical Association ([AMA](http://www.ama-assn.org/ama)).

Name Change

Retrieved from: <https://travel.state.gov/content/passports/en/passports/services/correction.html#Changes>

The process to change your name on your passport varies depending on your situation. Please see the chart below to find the process that applies to you.

|  |  |
| --- | --- |
| **If ...** | **Then...** |
| You are requesting the change **less than one year after** your passport was issued | Submit the following by mail:   * [Form DS-5504](https://travel.state.gov/content/passports/en/passports/forms.html) * Your valid passport * Your original or certified name change document, such as a marriage certificate or court order (no photocopies or notarized copies) * One color [passport photo](https://travel.state.gov/content/passports/en/passports/photos.html)   **Please note**: You will not have to submit any fees unless you request [Expedited Service](https://travel.state.gov/content/passports/en/passports/services/expedited.html). |
| You are requesting the change **more than one year after** your passport was issued | If you are **eligible** to use Form DS-82\*, submit the following by mail:   * [Form DS-82](https://travel.state.gov/content/passports/en/passports/forms.html) * Your valid passport * Your original or certified name change document, such as a marriage certificate or court order (no photocopies or notarized copies) * One color [passport photo](https://travel.state.gov/content/passports/en/passports/photos.html) * Adult Renewal Applicant [fees](https://travel.state.gov/content/passports/en/passports/information/fees.html) or Child Applicant [fees](https://travel.state.gov/content/passports/en/passports/information/fees.html), depending on your age   If you are **not eligible** to use Form DS-82, submit the following in person at an [acceptance facility](http://iafdb.travel.state.gov/) or a [passport agency](https://travel.state.gov/content/passports/en/passports/information/where-to-apply/agencies.html) (restrictions apply):   * [Form DS-11](https://travel.state.gov/content/passports/en/passports/forms.html) * Your evidence of U.S. citizenship and photocopy of that evidence * Your original or certified name change document, such as a marriage certificate or court order (no photocopies or notarized copies) * Valid ID and photocopy of that ID * One color [passport photo](https://travel.state.gov/content/passports/en/passports/photos.html) * Adult First-Time Applicant [fees](https://travel.state.gov/content/passports/en/passports/information/fees.html) or Child Applicant [fees](https://travel.state.gov/content/passports/en/passports/information/fees.html), depending on your age   **Please note**: You do not need to submit proof of the name change if your name has changed due to marriage and you present an ID issued in your new name. You must include the details of the marriage in the appropriate section on Form DS-11. |
| You are **already using a different name** but cannot document the change with a court order, divorce decree, or marriage certificate | Submit the following in person at an [acceptance facility](http://iafdb.travel.state.gov/) or a [passport agency](https://travel.state.gov/content/passports/en/passports/information/where-to-apply/agencies.html) (restrictions apply):   * [Form DS-11](https://travel.state.gov/content/passports/en/passports/forms.html) * Your evidence of U.S. citizenship * Valid ID issued in the name you are currently using and photocopy of that ID * One color [passport photo](https://travel.state.gov/content/passports/en/passports/photos.html) * Adult First-Time Applicant [fees](https://travel.state.gov/content/passports/en/passports/information/fees.html) or Child Applicant [fees](https://travel.state.gov/content/passports/en/passports/information/fees.html), depending on your age   **Please note**: If your ID is less than 5 years old, we may ask you for additional identification as evidence that you have been using the name for at least 5 years. |

\*You can renew by mail using [Form DS-82](https://travel.state.gov/content/passports/en/passports/forms.html) if your most recent passport:

* Is submitted with your application
* Is undamaged (other than normal "wear and tear")
* Was issued when you were age 16 or older
* Was issued within the last 15 years
* Was issued in your current name (or you can document your name change with an original or certified copy of your marriage certificate or court order)

Name and Gender Marker Change for Insurance and Creditors

Insurance:

* Inform your insurance companies (health, life, car, and rental) of your name change once you have obtained a court order for your name change.
* The insurance company may ask for a copy of the court order for your name change.
* Health insurance: The name on your health records needs to match the name that your health insurance company has.

**Patients with Medicaid**:

* If you are enrolled through Health Source RI for Medicaid, log into your account and update it with name/gender marker changes. A Social Services staff member at Thundermist can assist with this. The system should send updates to DHS and to the carrier.
* Be sure you have changed your name and gender marker through Social Security first.
* If you have traditional Medicaid (as a supplement to Medicare, for example) you do have to make the change at DHS.

Creditors:

* Inform banks, credit card companies, mortgage lenders and student loan creditors about your name change once you have a court order. They will likely request a copy of your new ID and a copy of the court order, but requirements may vary.

Other legal documents:

* Change your name on other legal documents such as power of attorney, wills, advance directives, leases, or deeds

Other agencies:

* If you have a car registered in your name, you may need to first change your name and gender marker with the car insurance company before changing it on your registration. Changing the gender marker on your car insurance could impact your premium.
* Selective Service: Changing one’s social security gender marker from female to male, may trigger federal requirements for registration with the Selective Service in certain situations (federal jobs, federal student loans, etc…). Trans guys who are too old to register may need exemption documentation from the Selective Service.

Appendix

Passport Gender Marker Change Letter Template

(Attending Physician’s Official Letterhead)

I, (physician’s full name), (physician’s medical license or certificate number), (issuing State of medical license/certificate), am the attending physician of (name of patient), with whom I have a doctor/patient relationship.

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

Or

(Name of patient) is in the process of gender transition to the new gender (specify new gender 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 Certificate Letter Template-Provider Version

DATE

I, **[Provider Name, Credentials]** declare under the pains and penalties of perjury that I am a licensed physician/certified nurse practitioner/physician’s assistant in good standing in the State of Rhode Island and Providence Plantations. I have treated and/or evaluated «FirstName» «LastName». I make this affidavit in support of «FirstName» «LastName» ’s request that the gender marker on the birth certificate be changed from Female to Male. I certify that «FirstName» «LastName», DOB: «DOB», has undergone appropriate treatment for the purpose of gender transition based on contemporary clinical standards."

Sincerely,

**[Provider Name, Credentials]**

**[physician’s medical license or certificate number]**

**[issuing U.S. State/ Foreign Country of medical license/certificate]**

**ACKNOWLEDGEMENT**

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(notary)

personally appeared and proved to me on the basis of satisfactory evidence to be

the person(s) whose name(s) is/are subscribed to the within instrument and has hereby acknowledged to me that he/she/they have executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

**Witness my hand and official seal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature

Birth Certificate Letter Template-Patient version

DATE

I, «FirstName» «LastName» (DOB: xx/xx/xxxx)

under the pains and penalties of perjury, declare that I have undergone appropriate treatment for the purpose of gender transition based on contemporary clinical standards, and that I am no longer the gender recorded on my current birth certificate. I am therefore requesting that the gender marker on my birth certificate be changed from (FEMALE/MALE) to (MALE/FEMALE).

Sincerely,

«FirstName» «LastName»

**ACKNOWLEDGEMENT**

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(notary)

personally appeared and proved to me on the basis of satisfactory evidence to be

the person(s) whose name(s) is/are subscribed to the within instrument and has hereby acknowledged to me that he/she/they have executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

**Witness my hand and official seal**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Signature

Social Security Gender Marker Change Template

|  |  |
| --- | --- |
|  | DATE      Social Security Administration  1 Empire Plaza, 6th Floor  Providence, RI 02903      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 «FirstName» «MiddleInitial» «LastName» with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated.    «FirstName» «MiddleInitial» «LastName», DOB: «DOB», has had appropriate clinical treatment for gender transition to the (MALE/FEMALE) gender.    I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.    Sincerely,      **[Provider Name, Credentials]** |