



# **COLORADO NAME CHANGES AND OTHER IDENTITY DOCUMENTS FOR MINORS**

[admin@namechangeproject.org](mailto:admin@namechangeproject.org)

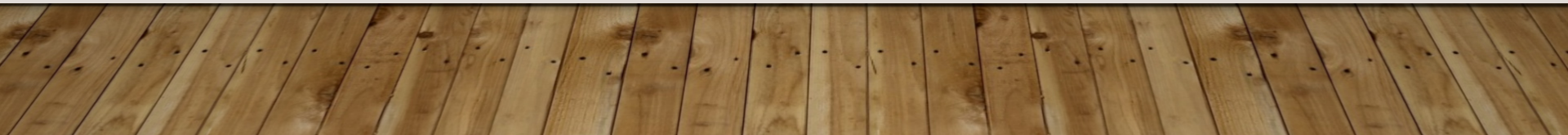
[www.namechangeproject.org](http://www.namechangeproject.org)

# LEGAL DISCLAIMER

THIS PRESENTATION AND THE INFORMATION CONTAINED HEREIN IS INTENDED FOR INFORMATIONAL PURPOSES ONLY AND SHOULD NOT BE CONSTRUED AS LEGAL ADVICE.

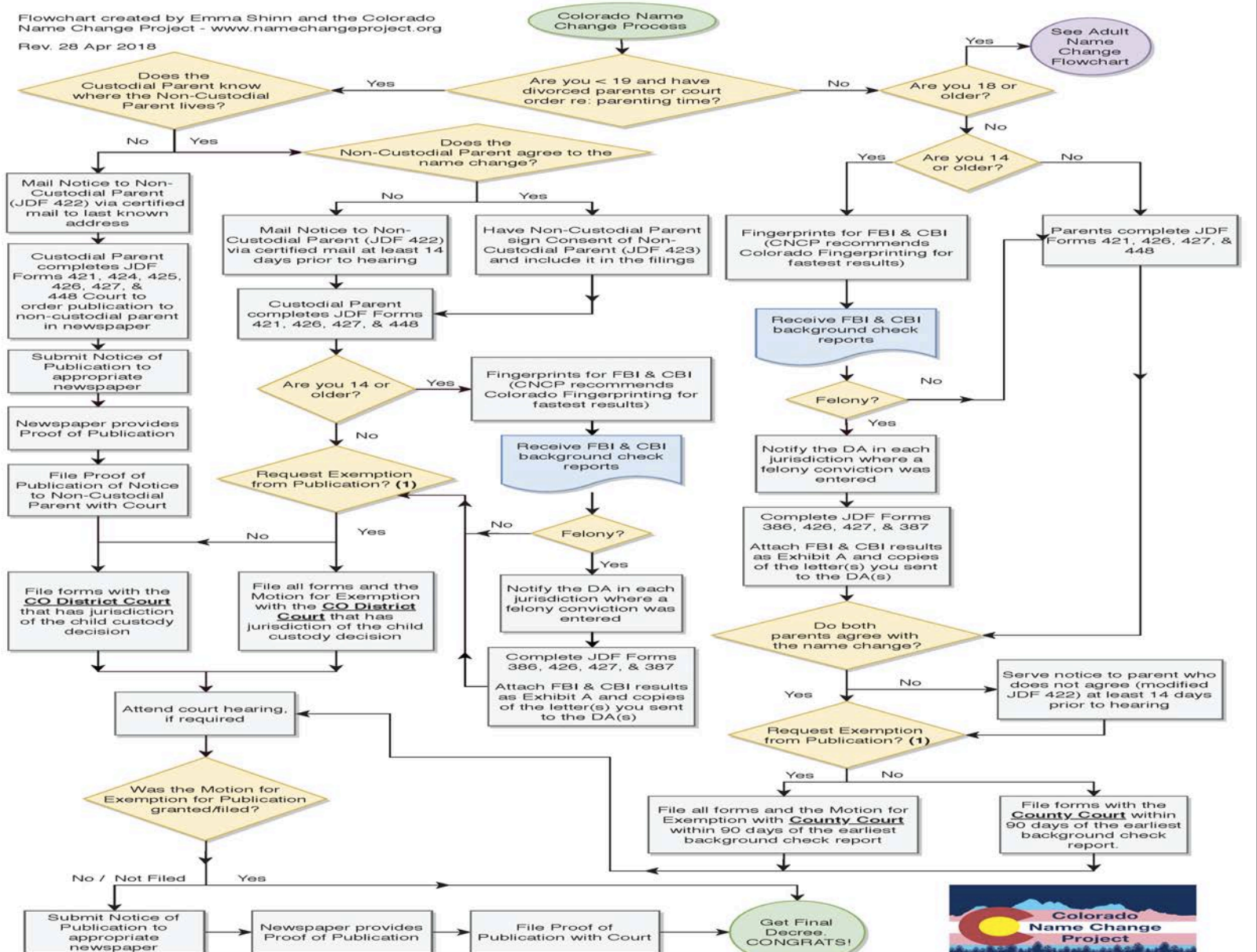
FOR ANSWERS TO MORE SPECIFIC QUESTIONS, PLEASE SEEK COUNSEL FROM A PRIVATE ATTORNEY.

THIS IS FOR EDUCATIONAL PURPOSES ONLY.



# NAME CHANGE PROCESS OVERVIEW

Flowchart created by Emma Shinn and the Colorado Name Change Project - [www.namechangeproject.org](http://www.namechangeproject.org)  
Rev. 28 Apr 2018



1. Publication is not required if petitioner/minor is (1) victim of domestic violence, (2) victim of child abuse, (3) victim of domestic abuse, or (4) if other good cause shown. See C.R.S. §13-15-101

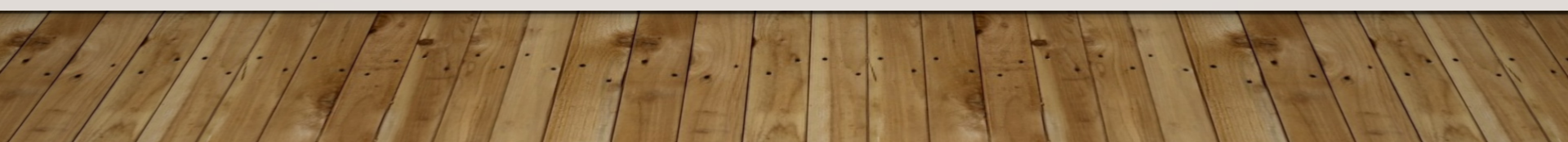


# INITIAL REQUIREMENTS

**COUNTY RESIDENT** – THE NAME CHANGE PETITION MUST BE FILED IN THE COUNTY/DISTRICT COURT WHERE YOU RESIDE.

**AGE** – THIS PRESENTATION IS REFERRING TO MINORS 18 YEARS AND YOUNGER. A PARENT OR LEGAL GUARDIAN IS REQUIRED TO FILE ON THE MINOR'S BEHALF

**FELONY CONVICTION** – A FELONY CONVICTION OR ADJUDICATION AS A JUVENILE DELINQUENT IN ANY STATE CAN COMPLICATE THE NAME CHANGE PROCESS. YOU CAN STILL FILE YOUR PETITION FOR NAME CHANGE BUT THERE IS A SEPARATE PROCESS.



# INITIAL REQUIREMENTS

(CONTINUED)

**DRIVER'S LICENSE/ID** – THE PARENT REQUESTING A NAME CHANGE IN COLORADO MUST HAVE A CO ID/DRIVER'S LICENSE WITH ADDRESS IN THE COUNTY WHERE YOU ARE FILING **OR** A VALID ID AND PROOF OF RESIDENCY (LEASE, UTILITY BILL, ETC.)

**BACKGROUND CHECK TIME LIMIT** – FOR INDIVIDUALS 14 YEARS OR OLDER, BOTH AN FEDERAL BUREAU OF INVESTIGATION (FBI) AND COLORADO BUREAU OF INVESTIGATION (CBI) RESULTS MUST BE COMPLETED WITHIN 90 DAYS OR THE COURT WILL NOT CONSIDER A PETITION FOR A NAME CHANGE.

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# FINGERPRINT BASED FBI BACKGROUND CHECKS

**There are 2 ways to request your FBI background check.**

- 1. DIY** – You can have your fingerprints taken on cards by law enforcement and give the FBI a “heads-up” at <https://www.edo.cjis.gov>, then mail your fingerprints to the FBI for processing. **Current processing time** for Identity History Summary requests submitted electronically is estimated to be three to five business days **after** receipt of the fingerprint card. Allow additional time for mail delivery if this option was selected during the request process. **Fees**: Fingerprints on cards (\$5-\$20), FBI (\$18), trackable mailing service (\$5-\$15) for **a total of \$23-53**.
- 2. Electronically** – Use an FBI channeler such as Colorado Fingerprinting or IdentoGo

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1

# FINGERPRINT-BASED CBI BACKGROUND CHECKS

**Fingerprints** – CBI now only processes background checks electronically or fingerprint cards taken by law enforcement.

1. Colorado Fingerprinting (recommended) - [www.coloradofingerprinting.com](http://www.coloradofingerprinting.com) or 720.292.2722
2. Identogo - <https://www.identogo.com/locations/colorado> or 844.539.5539
3. DIY via Local Law Enforcement

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# FINGERPRINT-BASED CBI BACKGROUND CHECKS (CONT'D)

## DIY Method

4. **Fingerprint card** via local law enforcement with “Legal Name Change CRS 13-15-101” in the reason section.
5. **Payment** – You can pay with money order, bank check, credit card or cash if hand-deliver to the CBI. Credit card payment form can be found [https://www.colorado.gov/pacific/sites/default/files/Credit\\_Card\\_Form.pdf](https://www.colorado.gov/pacific/sites/default/files/Credit_Card_Form.pdf). Fee: \$16.50. We strongly recommend tracking if you mail it in. (\$5-20 for the fingerprinting, \$16.50 for CBI processing, trackable mailing service (\$5-\$15) for **a total of \$26.50-51.50**
6. **Mail or Deliver to CBI** – Mail or hand-deliver (7:30am-5pm) the above items to CBI at:  
**CBI**  
**690 Kipling Street, Suite 315**  
**Lakewood, CO 80215**
7. **Results** – The CBI mails your results by first class mail to the address provided on your fingerprint card. Average processing and delivery time is 5-7 business days.



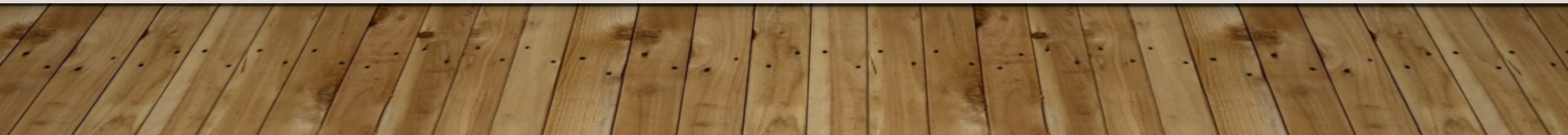
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# COMPLETE THE REQUIRED FORMS

BEFORE FILING YOUR PETITION FOR NAME CHANGE THERE ARE SEVERAL FORMS THAT MUST BE COMPLETED.

- PETITION FOR NAME CHANGE.
- ORDER FOR THE PUBLICATION OF A NAME CHANGE.
- PUBLIC NOTICE OF NAME CHANGE.
- FINAL DECREE FOR CHANGE OF NAME.

FORMS ARE AVAILABLE IN .PDF OR WORD FORMATS AND YOU CAN COMPLETE THE FORMS ON YOUR COMPUTER AND PRINT THEM OUT OR LEGIBLY HAND WRITE THE INFORMATION ON PAPER FORMS. THE DOCUMENTS MUST BE SIGNED IN FRONT OF THE COURT CLERK OR NOTARY PUBLIC **SO PLEASE DO NOT SIGN THE FORMS YET.**



step  
2

# COMPLETE THE REQUIRED FORMS

IF THE PARENTS OF THE MINOR ARE DIVORCED OR THERE HAS BEEN A COURT ORDER REGARDING CUSTODY OR PARENTING TIME, ADDITIONAL FORMS MAY BE REQUIRED:

JDF 423 – CONSENT OF NON-CUSTODIAL PARENT (IF THE NON-CUSTODIAL PARENT AGREES WITH THE NAME CHANGE).

JDF 422 – NOTICE TO NON-CUSTODIAL PARENT (IF THE NON-CUSTODIAL PARENT DOES NOT AGREE WITH THE NAME CHANGE OR YOU ARE UNABLE TO GET THEIR SIGNATURE ON JDF 423)

JDF 424 & JDF 425 – REQUEST TO PUBLISH NAME CHANGE NOTICE AND NOTICE TO NON-CUSTODIAL PARENT BY PUBLICATION (IF YOU DO NOT KNOW THE CURRENT LOCATION OF THE NON-CUSTODIAL PARENT, MAIL JDF 422 VIA CERTIFIED MAIL TO THEIR LAST KNOWN ADDRESS. IF IT IS RETURNED AS UNDELIVERABLE, INCLUDE THE ENVELOPE ALONG WITH JDF 424 AND 425 IN YOUR INITIAL FILINGS WITH THE COURT TO HAVE THE NOTICE PUBLICIZED.)

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2

# COMPLETE THE REQUIRED FORMS

CNCP HAS AN AUTOMATED PETITION GENERATOR AVAILABLE TO USE FOR FREE. FILL OUT THE FORM AND YOU WILL BE ABLE TO DOWNLOAD IN ONE FILE THE REQUIRED FORMS, THE OPTIONAL MOTION FOR EXEMPTION FROM PUBLICATION, AND INSTRUCTIONS AND A FLOW CHART.

[HTTP://WWW.NAMECHANGEPROJECT.ORG/AUTOMATED-PETITION-GENERATOR-MINOR-NON-FELON](http://www.namechangeproject.org/automated-petition-generator-minor-non-felon)

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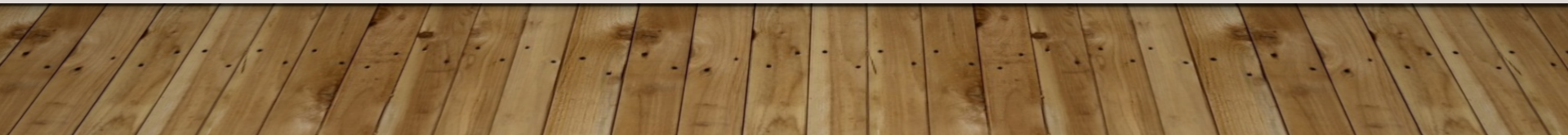
# FILE YOUR PETITION

**COURT DAYS AND HOURS** – CONTACT THE COURT WHERE YOU RESIDE FOR SPECIFIC DAYS AND TIMES FOR NAME CHANGE HEARINGS. PLEASE NOTE MAKE SURE TO FILE AT THE COUNTY COURT – NOT THE DISTRICT COURT. DISTRICT COURTS CHARGE A HIGHER FILING FEE.

**FORMS AND DOCUMENTS** – PROVIDE THE COURT WITH ALL OF THE COMPLETED FORMS DESCRIBED IN THE PREVIOUS STEPS.

**FEE** – IF IN COUNTY COURT, PAY THE \$100 FILING FEE. IF IN DISTRICT COURT, PAY THE \$244 FILING FEE.

IF YOU ARE UNABLE TO PAY, YOU MUST COMPLETE THE MOTION TO FILE WITHOUT PAYMENT AND SUPPORTING FINANCIAL AFFIDAVIT (JDF 205) AND SUBMIT IT TO THE COURT. ONCE SUBMITTED THE COURT WILL DECIDE WHETHER YOU NEED TO PAY THE FILING FEE. THE COURT MAY REQUIRE A PRE-PAYMENT OF THE CERTIFICATION FEE(S).



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3

# FILE YOUR PETITION

**SIGN THE PETITION – SIGN THE PETITION BEFORE THE COURT CLERK AT THIS TIME OR IN FRONT OF A NOTARY.**

**SELF-ADDRESSED STAMPED ENVELOPE – THE COURT MAY REQUIRE A SELF-ADDRESSED STAMPED ENVELOPE.**

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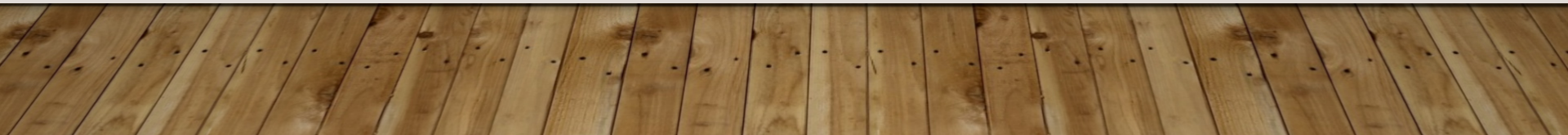
4

## HEARING DATE (IF REQUIRED)

BE PREPARED FOR YOUR HEARING, IF A HEARING IS REQUIRED BY THE COURT.

YOUR HEARING MAY BE ON THE SAME DAY THAT YOU FILE FOR A NAME CHANGE OR A FUTURE HEARING DATE WILL BE SET.

YOU MAY BE ASKED QUESTIONS ABOUT YOUR REQUEST FOR A NAME CHANGE OR WHY PUBLICATION SHOULD NOT BE REQUIRED.



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5

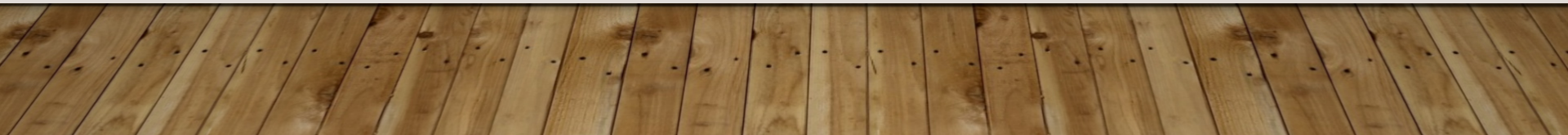
# PUBLISH PROPOSED NAME CHANGE (MAYBE)

AFTER THE ORDER FOR PUBLICATION IS ENTERED, USE PUBLIC NOTICE (JDF 427) TO PUBLISH THE CHANGE OF NAME, WHICH MUST BE PUBLISHED AT LEAST THREE TIMES WITHIN 21 DAYS FROM THE DATE OF THE PUBLICATION ORDERING IN A NEWSPAPER.

YOUR LOCAL COURT TYPICALLY HAS RECOMMENDATIONS OF PUBLISHERS, JUST ASK THE COURT CLERK.

PUBLICATION FEES – VARIES (USUALLY PAYABLE TO THE NEWSPAPER)

PRIOR TO THE NAME CHANGE BEING OFFICIALLY GRANTED, PROOF OF PUBLICATION MUST BE COMPLETED AND SUBMITTED TO THE COURT.





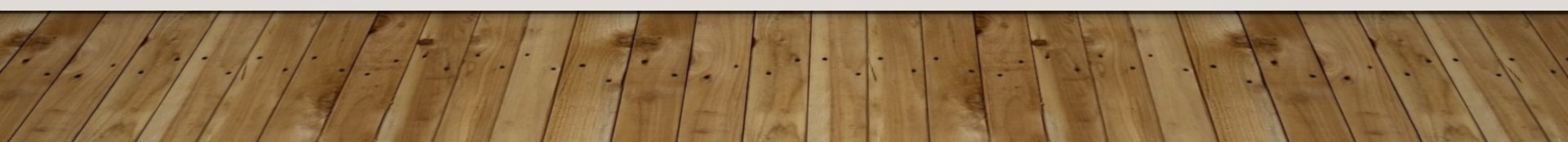
# PUBLISH PROPOSED NAME CHANGE (MAYBE)

## **PUBLICATION FEE:**

AMOUNT VARIES AND WILL BE PAYABLE TO THE NEWSPAPER DIRECTLY. COLORADO COMMUNITY MEDIA CHARGES \$60 FOR A NOTICE OF NAME CHANGE TO BE PUBLISHED IN ONE OF ARAPAHOE, ADAMS, DOUGLAS, ELBERT, OR JEFFERSON COUNTIES.

THE AURORA SENTINEL IS THE PAPER OF RECORD FOR ARAPAHOE COUNTY AND CHARGES \$40. THEY RUN NOTICES ONCE A WEEK ON THEIR PRINT PUBLICATION DAYS.

THE DENVER POST CHARGES PER LINE AND PER DAY WITH MOST NOTICES RUNNING THREE CONSECUTIVE DAYS AND COSTS APPROXIMATELY \$118. MOST PAPERS ARE FAMILIAR WITH THE PROCESS AND HAVE BEEN HELPFUL.





step  
5

# PUBLISH PROPOSED NAME CHANGE (CONTINUED)

DOCUMENTATION WILL INCLUDE COPIES OF YOUR NEWSPAPER NOTICE.

PUBLICATION IS WAIVED IF THE JUDGE GRANTED YOUR MOTION FOR EXEMPTION OF PUBLICATION FOR NAME CHANGE (MENTIONED IN PREVIOUS SLIDE)

OR PUBLICATION IS WAIVED IF PURSUANT TO CRS 13-15-102 C.R.S. YOU HAVE BEEN:

- The victim of a crime, the underlying factual basis of which has been found by the court to include an act of domestic violence as defined in CRS 18-6-800.3(1) or
- The victim of child abuse as defined in CRS 18-6-401 or
- The victim of domestic abuse as defined in CRS 13-14-101(2)

# THE "HOLY GRAIL" THE FINAL DECREE

**The Court having read and considered the Petition for Change of Name finds:**

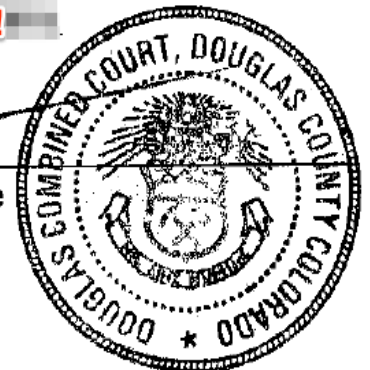
- That the statutory requirements for a change of name under §13-15-101, C.R.S. have been met;
- That the desired change of name is proper and not detrimental to the interests of any other person; and
- That the Petitioner, being an adult, has not been convicted of a felony or adjudicated a juvenile delinquent for an offense that would constitute a felony if committed by an adult in this state or any other state or under federal law.
- That the Petitioner is exempt from the publication requirement in §13-15-101, C.R.S, et. seq., for good cause shown.

**The Court Orders the following change of name:**

The name of **OLD NAME** born on **B-DAY** is changed to **NEW NAME!!!**

Date: 10/5/10

Judge  Magistrate



step  
6

# OBTAIN SIGNED COPIES OF THE DECREE FOR NAME CHANGE

TO RECEIVE THE SIGNED COPIES OF THE DECREE FOR NAME CHANGE FROM THE COURT YOU MUST SUBMIT PROOF OF PUBLICATION TO THE COURT WHICH CAN INCLUDE COPIES OF THE NEWSPAPER NOTICE.

PURSUANT TO CRS 13-15-102 IF PUBLICATION IS NOT REQUIRED, YOU WILL RECEIVE YOUR DECREE ONCE ORDERED BY THE COURT.

IT IS RECOMMENDED TO RECEIVE AT LEAST 3 OR 4 SIGNED COPIES OF THE DECREE FOR NAME CHANGE. IF CERTIFIED COPIES ARE NEEDED PLEASE PROVIDE THE APPROPRIATE FEES (\$20 PER CERTIFICATION)

# ALTERNATE FUNDING SOURCES

IF THE PERSON DOES NOT HAVE THE FUNDS TO FILE OR BEGIN THE PROCESS, THERE ARE A FEW OPTIONS:

FILING FEE WAIVER:

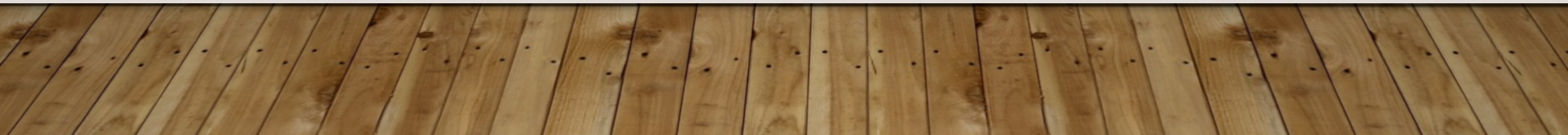
JDF 205/206 & Supporting Financial Affidavit

MICRO-GRANTS

Colorado Name Change Project

Trans Lifelines Microgrants

Trans Assistance Project



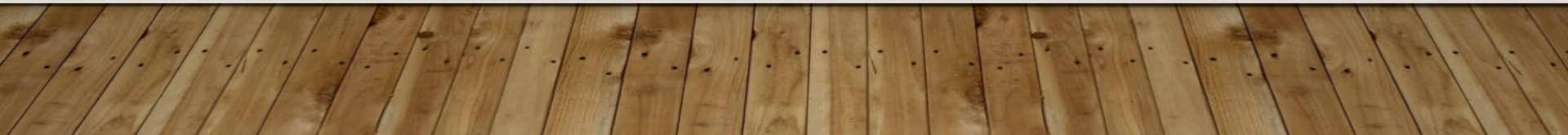
# NAME CHANGES FOR MINORS WITH DIVORCED PARENTS

# NAME CHANGES FOR MINORS WITH DIVORCED PARENTS

Having divorced parents of the minor child complicates things, sometimes severely.

## **Big Questions:**

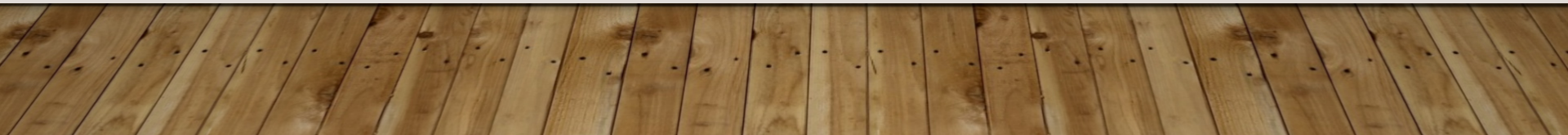
- ◆ Does the non-custodial parent agree with the name change?
- ◆ Do you know where the non-custodial parent is?



# NAME CHANGES FOR MINORS WITH DIVORCED PARENTS – NCP AGREES?

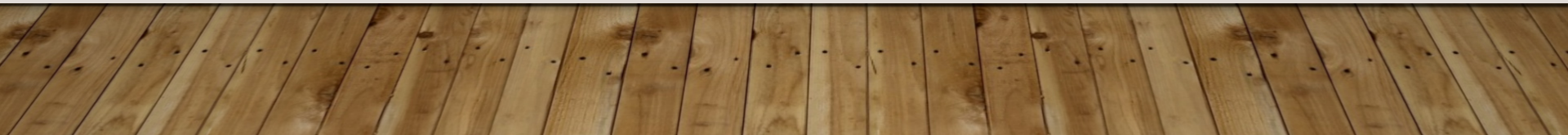
If the non-custodial parent (NCP) agrees, simply fill out the Consent of Non-Custodial Parent form (JDF 423) and file it with the Petition and other forms discussed above.

If the NCP does not agree, you will have to serve them with the Notice to the NCP form (JDF 422). This can be done by certified mail, a professional process server or an adult who is not involved in the case. Proof of notice must be filed with the Court at least 14 days prior to the hearing.



# NAME CHANGES FOR MINORS WITH DIVORCED PARENTS – LOCATION OF NCP UNKNOWN

If you don't know where the NCP is, notice of the hearing by publication is required, following the same steps as described previously. Publication is to be made in the newspaper at least three times within 21 days from the date of the Order for Publication for Change of Name (JDF 426).





step

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# UPDATE YOUR IDENTITY DOCUMENTS, LISTINGS AND/OR GENDER MARKER CHANGE

**UPDATE YOUR INFORMATION, IT IS RECOMMENDED TO START WITH YOUR IDENTITY DOCUMENTS IN THE ORDER LISTED. ORGANIZATIONS WITH AN ASTERISK NEED YOU TO SUBMIT A COPY OF THE NAME CHANGE ORDER.**

**IDENTITY DOCUMENTS:** SOCIAL SECURITY CARD\*, DRIVER'S LICENSE\*, PASSPORT\*, WORKPLACE\* (PAYROLL, EMAIL, INTERNAL DIRECTORIES, NAME TAGS, UNIFORMS, BUSINESS CARDS, ETC.), VOTER REGISTRATION\*, SCHOOL ID, LIBRARY CARD, MILITARY ID.

**FINANCIAL INFORMATION:** PERSONAL BANKING INFORMATION, CREDIT CARD INFORMATION, EMPLOYER/PAYROLL DEPARTMENT, 401K ACCOUNT, MORTGAGE/LEASE, IRS, BENEFICIARY INFORMATION, COUNTY CLERK (DEEDS, CAR TITLE, CAR REGISTRATION, TAX RECORDS, ETC.).

**INSURANCE AND MEMBERSHIPS:** INSURANCE POLICIES (HOME, AUTO, LIFE, ETC.), UTILITIES (GAS/ELECTRIC, PHONE, CELL, INTERNET, CABLE, ETC.), LICENSING AGENCIES (BAR, NURSING, EMT, ETC.) MEMBERSHIPS (GYM, NETFLIX, MAGAZINES, ETC.).

**OTHER ITEMS:** NOTIFY SCHOOLS, EMAIL ADDRESS (IF APPLICABLE), SOCIAL MEDIA PROFILES, AND OTHER ACCOUNT INFORMATION.

# SOCIAL SECURITY CARD NAME CHANGE

YOU CAN CHANGE THE NAME ON YOUR SOCIAL SECURITY CARD AND RECORD BY APPLYING THROUGH THE MAIL OR IN PERSON AT A LOCAL SOCIAL SECURITY OFFICE. THIS CAN BE DONE SEPARATELY FROM, OR TOGETHER WITH, APPLYING FOR A GENDER CHANGE.

YOU WILL NEED TO SUBMIT AN APPLICATION FOR A SOCIAL SECURITY CARD, PROOF OF YOUR IDENTITY AND CITIZENSHIP OR IMMIGRATION STATUS, AS WELL AS ACCEPTABLE PROOF OF THE NAME CHANGE.

IN GENERAL, THE SSA WILL ACCEPT ANY OF THE FOLLOWING AS PROOF OF A NAME CHANGE:

NAME CHANGE COURT ORDER (ORIGINAL OR CERTIFIED COPY)

MARRIAGE, CIVIL UNION, OR DOMESTIC PARTNERSHIP CERTIFICATE (ORIGINAL OR CERTIFIED COPY)

DIVORCE DECREE (ORIGINAL OR CERTIFIED COPY)

CERTIFICATE OF CITIZENSHIP OR NATURALIZATION (ORIGINAL ONLY)

OFFICIAL INFORMATION IS AVAILABLE FROM THE SOCIAL SECURITY ADMINISTRATION AT [WWW.SSA.GOV](http://WWW.SSA.GOV). ADDITIONAL HELPFUL INFORMATION IS ALSO AVAILABLE AT [WWW.NCTE.ORG](http://WWW.NCTE.ORG).

# SOCIAL SECURITY CARD GENDER CHANGE

IN GENERAL, THE SSA WILL ACCEPT ANY OF THE FOLLOWING FORMS OF EVIDENCE FOR A GENDER MARKER CHANGE:

A U.S. PASSPORT SHOWING THE CORRECT GENDER

A BIRTH CERTIFICATE SHOWING THE CORRECT GENDER

A COURT ORDER RECOGNIZING THE CORRECT GENDER

A SIGNED LETTER FROM A \*PROVIDER\* CONFIRMING THAT YOU HAVE THE APPROPRIATE CLINICAL TREATMENT FOR GENDER TRANSITION

\*THE LETTER MUST COME FROM A LICENSED PHYSICIAN WITH WHOM YOU HAVE A PATIENT RELATIONSHIP AND WHO IS FAMILIAR WITH YOUR TRANSITION-RELATED TREATMENT. IT CAN BE A PRIMARY CARE PHYSICIAN OR A SPECIALIST. ALL CERTIFICATIONS MUST BE ON THE PHYSICIAN'S LETTERHEAD AND INCLUDE ALL OF THE INFORMATION SEEN IN THE SAMPLE LETTER ON AN UPCOMING SLIDE. YOUR PHYSICIAN DOES NOT NEED TO GIVE ADDITIONAL PERSONAL HEALTH INFORMATION THAT IS NOT INCLUDED IN THE SAMPLE LETTER.

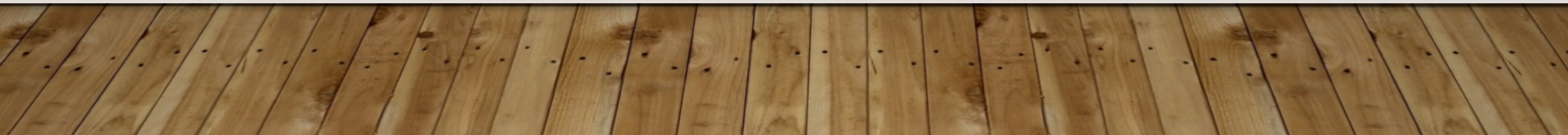
OFFICIAL INFORMATION IS AVAILABLE FROM THE SOCIAL SECURITY ADMINISTRATION AT [WWW.SSA.GOV](http://WWW.SSA.GOV). ADDITIONAL HELPFUL INFORMATION IS AVAILABLE AT [WWW.NCTE.ORG](http://WWW.NCTE.ORG).

# “APPROPRIATE CLINICAL TREATMENT”

SSA POLICY RECOGNIZES THAT PEOPLE’S MEDICAL NEEDS VARY, AND THAT TREATMENT OPTIONS MUST BE DECIDED BY HEALTH CARE PROFESSIONALS ON AN INDIVIDUAL BASIS.

YOU ARE ENTITLED TO AN UPDATED GENDER MARKER IF YOU HAVE HAD THE CLINICAL TREATMENT DETERMINED BY YOUR HEALTH CARE PROVIDER TO BE APPROPRIATE IN YOUR INDIVIDUAL CASE TO FACILITATE GENDER TRANSITION.

NO SPECIFIC TYPE OF TREATMENT IS REQUIRED, AND DETAILS OF YOUR TREATMENT SHOULD NOT BE INCLUDED IN THE LETTER FROM YOUR PHYSICIAN TO SSA.



# SAMPLE PHYSICIAN LETTER

## OFFICE LETTERHEAD

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 THE **APPROPRIATE CLINICAL TREATMENT** FOR GENDER TRANSITION TO THE NEW GENDER (SPECIFY MALE OR FEMALE).

**I DECLARE UNDER PENALTY OF PERJURY** UNDER THE LAWS OF THE UNITED STATES THAT THE FORGOING IS TRUE AND CORRECT.

---

SIGNATURE

DATE

TYPED NAME

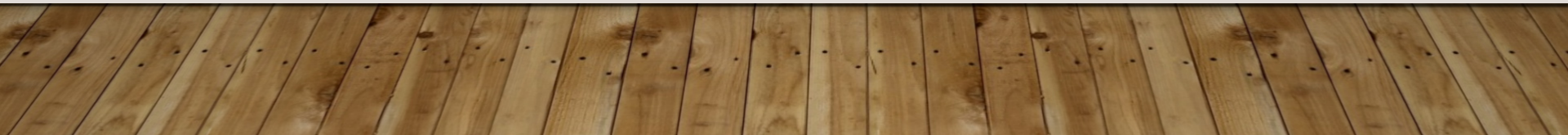
# COLORADO DRIVER'S LICENSE NAME AND GENDER CHANGE

TO CHANGE YOUR NAME ON A COLORADO DRIVER'S LICENSE, BRING YOUR COURT ORDERED NAME CHANGE DOCUMENTATION TO YOUR LOCAL DMV OFFICE AND THEY WILL CHANGE YOUR NAME AND RETAKE YOUR PHOTO AND A NEW LICENSE WILL BE ISSUED.

TO CHANGE YOUR GENDER MARKER ON A COLORADO DRIVER'S LICENSE, GO TO THE DMV WEBSITE AND PRINT FOR DR 2083 TITLED "MEDICAL INFORMATION AUTHORIZATION (CHANGE OF SEX IDENTIFICATION)" IT CAN BE FOUND [HTTPS://WWW.COLORADO.GOV/PACIFIC/SITES/DEFAULT/FILES/DR2083.PDF](https://www.colorado.gov/pacific/sites/default/files/dr2083.pdf).

THIS FORM NEEDS TO BE COMPLETED BY A MEDICAL DOCTOR AND PRESENTED TO THE DMV TO CHANGE GENDER MARKER. THE FORM WILL BE ASSIGNED A CONTROL NUMBER IN ORDER TO BE USABLE.

NOTE: THERE IS NO LONGER A REQUIREMENT TO HAVE GENDER REASSIGNMENT SURGERY TO HAVE A COLORADO DRIVER'S LICENSE GENDER MARKER CHANGED.



# Medical Information Authorization (Change of Sex Identification)

Name	DL/ID Number	Date
Address	City	ZIP
Previous Name (if name change is concurrent)		
<b>To Be Completed By Licensed Colorado Physician</b>		
Physician (Please print)		Colorado Medical License Number
Based on the patient's gender identity and full time gender role expression, or on prior completion of medical sex reassignment, my professional opinion is that the person's gender is:		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
A complete examination form for this person is on file in my office at:		
Address	City	ZIP
Signature of Physician		Date
<b>Attention Physician:</b> please return this form to the subject for inclusion with their driver's license or identification card application.		
<b>To Be Completed by Applicant</b>		
I hereby authorize my physician to answer the above questions and submit information to the Division of Motor Vehicles, relating to my gender identification, for the purpose of obtaining a driver's licence or identification card under my preferred gender.		
I understand that information received by the Division will be held in strict confidence per Colorado Revised Statute 42-2-121 and the federal Driver's Privacy Protection Act, Section 2721.		
By signing below, I hereby affirm under the penalty of second degree perjury CRS 18-8-503(1) that the information provided above is my own and the above statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card.		
Signed		Date

# COLORADO BIRTH CERTIFICATE NAME AND GENDER CHANGE

**BIG CHANGES HAPPENED on FEB 14, 2019** - Removal of 3 requirements: no surgery, no court order, and no doctor's affidavit for adults.

- To request a sex change to your birth certificate, submit the following in-person or by mail to CDPHE:
  - Completed [Birth Certificate Correction Form](#) | [In Spanish](#)
  - Copy of [your identification](#).
  - Non-refundable [processing fee\(s\)](#).
  - Completed [Sex Designation form](#) **OR** certified copy of a court order indicating your sex has been changed via surgical procedure
  - If your name was changed, submit a certified copy of a legal name change order.
- If you were born in a different state, contact that state's department of vital records for specific instructions - [www.transequality.org](http://www.transequality.org)



# U.S. PASSPORT NAME AND GENDER CHANGE

USE DS-11 APPLICATION FORM, EVEN IF YOU CURRENTLY HAVE A PASSPORT (NOT THE PASSPORT RENEWAL FORM)

OFFICIAL NAME CHANGE INFORMATION IS AVAILABLE FROM THE U.S. STATE DEPARTMENT

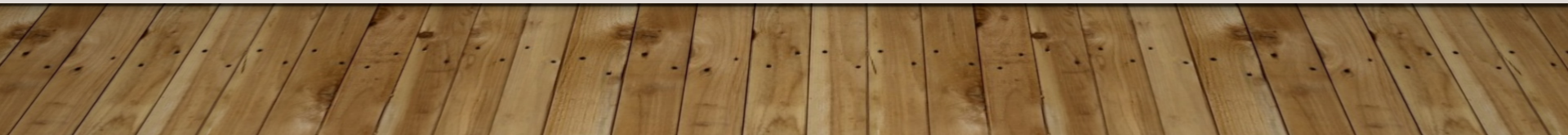
[HTTPS://TRAVEL.STATE.GOV/CONTENT/PASSPORTS/EN/PASSPORTS/SERVICES/CORRECTION.HTML](https://travel.state.gov/content/passports/en/passports/services/correction.html).

GENDER CHANGE INFORMATION CAN BE FOUND

[HTTPS://TRAVEL.STATE.GOV/CONTENT/PASSPORTS/EN/PASSPORTS/INFORMATION/GENDER.HTML](https://travel.state.gov/content/passports/en/passports/information/gender.html). THEY USE THE SAME LETTER THAT SSA USES.

THE NATIONAL CENTER FOR TRANSGENDER EQUALITY HAS A GREAT RESOURCE ON THE PASSPORT PROCESS LOCATED

[HTTP://WWW.TRANSEQUALITY.ORG/KNOW-YOUR-RIGHTS/PASSPORTS](http://www.transequality.org/know-your-rights/passports).



# IMMIGRATION ISSUES

NEED TO FILE, AS NORMAL

USE FINAL DECREE AND GENDER LETTER FROM M.D.,  
DRIVERS' LICENSE, PASSPORT, ETC

NEED TO UPDATE:

- EMPLOYMENT AUTHORIZATION CARD
- PERMANENT RESIDENT CARD
- NATURALIZATION CERTIFICATE

CHECK OUT [HTTPS://TRANSEQUALITY.ORG/KNOW-YOUR-RIGHTS/IMMIGRATION-DOCUMENTS](https://transequality.org/know-your-rights/immigration-documents)

# DISCLAIMER & ADDITIONAL INFO

- This presentation and its information is intended for informational purposes only and should not be construed as legal advice for your particular situation. Unless there is a retainer agreement, we do not represent you.
- For additional information on the process and updating your information please visit our website. For answers to more specific questions, please seek counsel from a private attorney.
- Tax-deductible donations are very welcome and help us run these workshops and provide microgrants.

## Colorado Name Change Project

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