

District Court El Paso County, Colorado Court Address: 270 S. Tejon St., Colorado Springs, CO 80903	COURT USE ONLY
In the Matter of the Petition of: _____ Petitioner: _____	
Attorney or Party Without Attorney (Name and Address): _____ _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____
PETITION FOR CHANGE OF GENDER DESIGNATION ON BIRTH CERTIFICATE PURSUANT TO C.R.S. § 25-2-113.8 (ADULT)	

- Petitioner _____, DOB: _____, is 18 years old or older and requests an Order recognizing the change of petitioner's gender and/or sex designation to ☐ female ☐ male ☐ non-binary.
- Petitioner's current full address: _____.
- Petitioner has been a Colorado resident continuously since _____ (date).
- Petitioner seeks to change their gender from _____ to _____.
- Petitioner's state of birth is: _____.
- Petitioner ☐ has or ☐ does not have a current or prior name change case filed in El Paso County Combined Courts. If yes, please provide the case number _____.
- Petitioner, prior to filing this case, attempted to request a gender identity change through the birth state. ☐ Yes or ☐ No. (If you are filing this case due to receiving a rejection from an outside agency, please provide documentation of that rejection).
- When Petitioner requested a new birth certificate from the state registrar of the state where the birth certificate was issued, the request was rejected based on the need for a court order reflecting a change of gender designation. ☐ Yes or ☐ No
- Is this a second or subsequent gender change request where the gender has been previously modified on a legal document? ☐ Yes or ☐ No

 If yes, please provide the case number _____ and county of filing _____.

You must file a copy of your birth certificate with this petition.

VERIFICATION AND ACKNOWLEDGEMENT

I swear/affirm under oath that I have read the foregoing Petition and that the statements set forth therein are true and correct to the best of my knowledge.

(Printed name of Petitioner)

Signature of Petitioner

Address

City, State, Zip Code

Telephone #: (home) (work) (cell)

Signed and sworn to before me by _____ in the County
of _____, State of _____, this _____ day of
_____, 20_____.

My commission Expires: _____

Deputy Clerk/Notary Public