

[ON OFFICE LETTER HEAD]

[DATE]

Name of Healthcare Provider: _____

Name of Applicant: _____

Address of Healthcare Provider Office: _____

Telephone Number of Healthcare Provider: _____

Fax Number of Healthcare Provider: _____

I, _____ am a licensed healthcare provider in good standing in (Issuing US State/Foreign Country) _____. My professional license/certificate number is _____. I am the healthcare provider for _____ with whom I have a healthcare provider/patient relationship, and whom I have treated or whose medical history I have reviewed and evaluated.

In support of their Petition for Change of Sex, I submit this documentation that the sex of the applicant has been changed by medical procedure, and their birth certificate should reflect the sex of ____ Male ____ Female.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and acknowledge and understand that any person who willfully or negligently makes a false certification is subject to civil fines, penalties and fees.

Signature of Healthcare Provider: _____

Print Name of Healthcare Provider: _____

Date: _____