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: ________________________