

**Consent for a Change of Sex Designation on a Birth Registration of a Child**

Submit all original signed consent form(s) completed by the child and any other person(s) with legal custody who are not the applicant with the application. If more than one person is providing consent, photocopy the blank consent form for each person to complete.

**To be filled in by the applicant – the person signing the Statutory Declaration for a Change of Sex Designation on a Birth Registration of a Child**

Name of child	_____	Print Registered Name from Child's Birth Certificate
Date of birth	_____ (yyyy/mm/dd)	Place of birth _____ City/Town/Village in Ontario
Change of sex designation from	_____	to _____ .

**To be filled in by the person with legal custody or child consenting to the change of sex designation for the child**

I, _____	Print Name of Person Consenting to the Change of Sex Designation of Child
of _____	Complete Mailing Address
am the <input type="checkbox"/> a person with legal custody of the child listed above	
Or <input type="checkbox"/> child	
and consent to the change of sex designation on the birth registration from _____	to _____ .
_____ Signature of Person Consenting	
_____ Date Signed (yyyy/mm/dd)	

Personal information contained on this form and other documents submitted with this application is collected under the authority of the *Vital Statistics Act*, R.S.O. 1990 c.V.4, as amended, and may be used to register and record births, stillbirths, deaths, marriages or changes of name, make additions, corrections or amendments to registrations, provide certified copies, extracts, certificates, search notices, photocopies; and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. The Ministry of Government and Consumer Services may verify with health practitioners or jurisdictions the information they have provided on the documents in support of this application. It is an offence to wilfully make or cause to be made a false statement on this form and other documents submitted with this application. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, P.O. Box 3000, 189 Red River Road Thunder Bay ON P7B 5W0. Telephone 1-800-461-2156 or 416-325-8305 TTY Toll-free: 1-800-268-7095 or TTY Toronto: 416-325-3408.