

Notice of Change of Sex Designation on a Birth Registration of a Child

Provide a copy of the completed Application for a Change of Sex Designation on a Birth Registration of a Child and a copy of the completed Statutory Declaration for a Change of Sex Designation on a Birth Registration of a Child along with this notice form to each person being notified of the change of sex designation.

The purpose of this form is to let you know about the change of sex designation. If you sign this form it does not mean you agree or disagree with the sex designation change. It simply means that you know about it. The Registrar General may proceed with the change if a signed notice is not received if he/she is satisfied that the notice was sent by registered or certified mail to each person entitled to notice.

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

Notice is hereby given to _____
Full Name of Person Entitled to Access

of a change of sex designation on a birth registration of a child under section 36 of the *Vital Statistics Act* to change the sex designation of

_____ born on _____
Registered Name from Child's Birth Certificate Date of Birth (yyyy/mm/dd)

at _____ from _____ to _____
Place of Birth (City/Town/Village)

Complete Mailing Address of the Applicant

Signature of Applicant

Date signed (yyyy/mm/dd)

Acknowledgement of Notice of Change of Sex Designation on a Birth Registration of a Child (to be filled in by the person acknowledging notice of the change of sex designation for the child)

I, _____
Name of Person Acknowledging Notice of the Change of Sex Designation of Child

of _____
Complete Mailing Address

Hereby acknowledge receipt of the notice of Change of Sex Designation on a Birth Registration of the child as listed above

from _____ to _____

Signature of Person Acknowledging Notice

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.