



## Office of the Registrar General

PO Box 3000 189 Red River Road Thunder Bay ON P7B 5W0

## Statutory Declaration for a Change of Sex Designation on a Birth Registration of a Child

Section 36, Vital Statistics Act

To be filled in by the applicant – the person with legal custody applying for the Change of Sex Designation on a Birth Registration of a Child.

In the	matter of the birth registration of:			
Name	on Birth Registration:			
		Last Name	First Name	Middle Name(s)
Former	-ty			
		has been legally changed since birth, inc	lude all previous names - only complete if applicable	е
Place o	of Ordinary Residence:			
		City/Town/Village	Province/State	Country
Date of	f Birth: / / / / / Dav	Place of Birth:	City/Town/Village	
Full ma	niden name of Mother:	'	only, round randge	
	on the birth registration)	Last Name	First Name	Middle Name(s)
Full name of Father/Other Parent:				
(listed	on the birth registration)	Last Name	First Name	Middle Name(s)
Declar	ation:			
1	u		of the	an
',	Current Legal Na	me of Applicant, in Full	Place of Ordina	
the			of child named above and,	
	Parent/Person with	Legal Custody		
Solem	nly declare that:			
1.	I make this application to change the sex designation on the birth registration of the child noted above from			
	to .			
2.	I have lawful custody of the child		ourt order or separation agreement prohibit	ts this change:
3.	I have lawful custody of the child or share lawful custody, and no court order or separation agreement prohibits this change;  Notice of this amendment has been given to all persons lawfully entitled to have access to the child;			
4.	Consent has been obtained by the child and from all other persons with lawful custody of the child;			
<del>-</del> . 5.	The child has told the applicant that he or she has assumed (or always had) the gender identity that accords with the requested			
	change in sex designation.	(1)		
6.	The child is living full-time in the gender identity that accords with the requested change in sex designation and has told the applicant			
that he or she intends to maintain that gender identity.				
7.	I am providing the following documentation in support of this application (select one of the following):			
	a letter from a practising physician or psychologist authorized to practise in Canada.			
	a document or certificate issued by a jurisdiction in which my child was domiciled or ordinarily resident.			
	other medical evidence as they are not domiciled or ordinarily resident in Canada.			
	a certificate signed by a practising physician authorized to practise in Canada, that complies with the current requirements under s.			
	36 (2)(a) or (b) of the <i>Vital Statistics Act</i> .			
8.	All existing birth certificates have been returned, with this declaration.			
9.	This application is not made for an improper purpose.			
I make	this solemn declaration consciention	ously believing it to be true and kn	owing that it is of the same force and effect	t as if made under oath.
	ed before me at:	3	3	
in the	of			
this	day of , 2	20 .	Signature of Applicant	
	, z			
,	A Commissioner, e			
(sign, pri	nt name, and affix commissioner's stamp or d	escribe office, if stamp not required)		

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.