



Statutory Declaration for a Change of Sex Designation on a Birth Registration of an Adult
 Section 36, *Vital Statistics Act*

In the matter of the birth registration of:

Name on Birth Registration: _____
 Last Name or Single Name First Name Middle Name(s)

Formerly _____
 (If name has been legally changed since birth, enter name before the change. Otherwise leave this blank.)

Date of Birth: ____ / ____ / ____ Place of Birth: _____
 Year Month Day City/Town/Village in Ontario

List the **full birth names** of all parents as listed on the applicant's birth registration:

Parent's Last Name or Single Name (at the time of their birth)	Parent's First and Middle Name(s)
1.	
2.	
3.	
4.	

Declaration: I, _____,
 Current Legal Name of Applicant, in Full

Solemnly declare that:

- I make this application to change the sex designation on my birth registration
From (select only one): Male Female X (X means the applicant does not identify exclusively as male or female)
To (select only one): Male Female X (X means the applicant does not identify exclusively as male or female)
 If you are applying to change to X, please complete this section:
 I understand that the Government of Ontario cannot guarantee that a birth certificate or certified copy of a birth registration with a designation of X will be accepted by organizations in Ontario or by other jurisdictions.
- I have assumed (or have always had) the gender identity that accords with the requested change in sex designation.
- I am living full-time in the gender identity that accords with the requested change in sex designation and intend to maintain that gender identity.
- I am providing the following documentation in support of this application (select one of the following):
 a letter from a practising physician or a psychologist authorized to practise in Canada.
 a document or certificate issued by a jurisdiction in which I was domiciled or ordinarily resident.
 other medical evidence as I am 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 of s. 36 (2)(a) or (b) under the *Vital Statistics Act*.
- All existing birth certificates, birth certificates with parental information and certified copies of birth registration have been returned with this declaration.
- This application is not made for an improper purpose.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Declared before me at:

_____ in the _____ of _____
 this _____ day of _____, 20____. _____
 Signature of Applicant

 A Commissioner, etc.

(sign, print name, and affix commissioner's stamp or describe 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 make additions, corrections or amendments to registrations, provide certified copies, extracts, certificates, search notices, photocopies; and for statistical, research, medical, security and law enforcement, adoption and adoption disclosure purposes. The Ministry of Government and Consumer Services may verify with medical professionals or jurisdictions the information they have provided on the documents in support of this application. It is an offence to willfully 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, 189 Red River Road, PO Box 3000, Thunder Bay, ON P7B 5W0. Telephone: Outside Toronto but within North America 1-800-461-2156 or in Toronto or outside North America 416-325-8305, TTY/Teletypewriter (for the hearing impaired) 416-325-3408.