



## Change of Sex Designation Adult Instructions To Complete Application

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### How To Apply:

- By mail: Vital Statistics Division, P.O. Box 3000, Montague, PEI, C0A 1R0
- In person: 126 Douses Road Montague, PEI

### Who Is Eligible:

- The applicant must have been born in Prince Edward Island
- The applicant must be 18 years of age or older. (If under the age of 18, please complete the Change of Sex Designation – Under 18 years of age form.

### Required Documents:

- An application for a change of sex designation completed by the individual requesting the change. (Section 1)
- A written statement from the applicant confirming the applicant has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested (Section 2)
- A completed statement from a Medical Practitioner that confirms that the applicant's sex designation request is consistent with the sex designation with which the applicant identifies. (Section 3)
- A copy of applicant's government issued photo ID, and copy of applicant's provincial health card.

### Important Information:

- All outstanding birth certificates previously issued to the applicant must be returned with the completed application as they will no longer be valid.
- If you wish to receive a new birth certificate you must fill out an application form and submit it with your gender change application.
- The fee for a new birth certificate is \$25.00 and \$35.00 depending on type of certificate and information required.

### Contact Us:

#### Postal Address

Vital Statistics Division  
P.O. Box 3000  
Montague, PEI  
C0A 1R0

#### Office Location

126 Douses Road  
Montague, PEI  
C0A 1R0

#### Contact Information

Phone: (902) 838-0880  
Toll Free: 1 – 877-320-1253  
Fax: (902) 838-0883  
Email: [vsmontague@gov.pe.ca](mailto:vsmontague@gov.pe.ca)

## Change of Sex Designation Adult Application Form

### SECTION 1– Details of Birth as Currently Registered (please print)

Surname		
First Given Name	Second Name	All Other Given Names
Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/>		
Date of Birth(MM/DD/YYYY)	Place of Birth (City/Town/Community)	Province
		<b>PRINCE EDWARD ISLAND</b>

### SECTION 1:1 – Mother’s Details – Mother’s maiden surname (as stated on official birth registration)

Surname		
First Given Name	Second Given Name	All Other Given Names
Place of Birth (Province)		
Country		

### Section 1:2 – Father’s/Other Parent’s Details – If Stated On Birth Record

Surname		
First Given Name	Second Given Name	Other Given Names
Place of Birth (Province)		
Country		

## SECTION 2:0 Written Statement By Applicant

I, \_\_\_\_\_ solemnly declare that:

Please Print Full Name

1. I make this application to change the sex designation on my Prince Edward Island birth certificate from:

Please select:

☐

Male to Female

☐

Male to Non-Binary

☐

Non-Binary to Male

**or**

☐

Female to Male

☐

Female to Non-Binary

☐

Non-Binary to Female

2. I have assumed, identify with and intend to maintain the gender identity that corresponds with the requested change in sex designation.

3. I understand that all previously issued birth certificates will no longer be valid upon completion of my sex designation and that they will be returned and deactivated.

☐

I am enclosing all previously issued Prince Edward Island birth certificates.

**or**

☐

I currently do not have a Prince Edward Island birth certificate.

4. I understand that it is an offence for me or anyone to use a birth certificate that has been deactivated.

Sworn to (or affirmed) at

\_\_\_\_\_, in the

Province of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Commissioner of Oaths

(Can be witnessed at Vital Statistics Office)

**Notary Public – with raised seal**

**If completed outside Prince Edward Island)**

Signature of Applicant

\_\_\_\_\_  
Commissioner/Notary Public

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

### Section 3:0 – Written Statement From Medical Practitioner

The Medical Practitioner written statement confirms that they have treated, evaluated or consulted with the applicant, and the applicant's sex designation request is consistent with the sex designation with which the applicant identifies.

#### 3.1 Medical Practitioner's Professional Information

Surname		
First Name	Second Name	
Mailing Address (Civic # or PO Box)	Street Name	City/Town
Province	Postal Code	Contact #

I hereby certify that: I am a ☐ Physician/Nurse Practitioner

I am registered and practicing ☐ in Prince Edward Island or ☐ outside Prince Edward Island

#### Section 3.2 Medical Practitioner's Regulatory Authority

Name of Registering Body	
Civic Address:	
Certificate/License/Registration Number	Contact #

#### Section 3.3 Applicant's Birth Information

Applicant's current legal Name (please print)	Surname	First & All Given Names
Applicant's Date of Birth (MM/DD/YYYY)		

I confirm that the sex designation on the applicant's birth registration does not correspond with the applicant's presenting gender identity and he/she is requesting to change the sex designation on his/her birth certificate from:

(Please check box)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Male to Female | <input type="checkbox"/> Male to Non-Binary   | <input type="checkbox"/> Non-Binary to Male   |
| <input type="checkbox"/> Female to Male | <input type="checkbox"/> Female to Non-Binary | <input type="checkbox"/> Non-Binary to Female |

\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
Date

**Section 4:0 – Applicant’s Address Information – Please print**

Surname			
First Given Name	Second Given Name	Other Given Names	
Mailing Address (Civic # or PO Box)			
City	Province/State	Country	Postal Code
Daytime Contact Number:		Email Address:	

**4:1 Identification Requirements***When Included Please √*

Government issued photo ID (Copy attached to application)	
Provincial health Card (Copy attached to application)	

*Credit Card information to be removed as soon as the credit card payment is processed and the approval number received.*



-----OFFICE USE ONLY-----

**4:4 Payment Type and Optional Fee (Please √ box)**

Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Expiry Date _____
Credit Card Number _____		Signature _____			