



Change of Sex Designation Adult Instructions To Complete Application

How To Apply:

- By mail: Vital Statistics Division, P.O. Box 3000, Montague, PEI, COA 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 inconsistent 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:	<u>Postal Address</u>	<u>Office Location</u>	<u>Contact Information</u>
	Vital Statistics Division P.O. Box 3000 Montague, PEI COA 1R0	126 Douses Road Montague, PEI COA 1R0	Phone: (902) 838-0880 Toll Free: 1 – 877-320-1253 Fax: (902) 838-0883 Email: ysmontague@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 PRINCE EDWARD ISLAND

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 Cheque Money Order Visa Mastercard Expiry Date _____

Credit Card Number _____ Signature _____