



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 or 1st Floor Shaw Bldg. , North Entrance, 95 Rochford Street, Charlottetown, PEI
- Applicant will be contacted by phone once we receive the completed application.

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 – Minor Application Forms.)

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 (Section 3) from a Physician that confirms that the applicant's sex designation request is consistent with the sex designation with which the applicant identifies.
- 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.
- An amendment fee of \$25.00 is charged when you change the sex designation on your birth registration. Please note, this fee does not include a new certificate. 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
COA 1R0

Office Location

126 Douses Road
Montague, PEI
COA 1R0
or
1st Floor Shaw North
95 Rochford Street
Charlottetown, PEI

Contact Information

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



Change of Sex Designation
Adult Application Form

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

Surname		
First Name	Second Given Name	All Other Given Names
		Male <input type="checkbox"/> Female <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 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 Name	Second Name	Other Given Names
Place of Birth (Province)	Country	

Vital Statistics Division Office Use Only:
Birth Registration Number: _____ Receipt Number: _____

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

or

Female to Male

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 – Written Statement From Medical Practitioner

The Physician's 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

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 registration from:

(Please check box)

Male to Female or Female to Male

Signature of Medical Practitioner

Date

Section 4 – Applicant’s Address Information – Please print

Surname			
First Name	Second 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)	

4.2 Birth Certificate Type

	√	Fees
Short form birth certificate (includes name, sex, place and date of birth)		\$25.00
Long form birth certificate (includes the short form information, plus names and birthplaces of parent(s) listed on the registration).		\$35.00

4.3 Amounts

Amendment Fee (for changing sex designation on Registration)

\$ 25.00

New Certificate Fee (\$25.00 or \$35.00)

Total Payment Required

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 _____		