

### 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 gender designation request is consistent with the gender 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 gender 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

Vital Statistics Division Office Use Only:

Birth Registration number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_