

Office of the Registrar General

PO Box 3000 189 Red River Road Thunder Bay ON P7B 5W0

Application for a Change of Sex Designation on a Birth Registration of a Child (17 years of age and under)

Section 36, Vital Statistics Act

To be filled in by the applicant - a person with legal custody applying for the change of sex designation of the child.

Important informat	ion: Only use blue or b	lack ink as this is a permanent	legal record.	Do not use correction fluid of	or tape on any of the documents.
Mailing Informat	ion of Applicant (pe	erson with legal custody	applying fo	or the child)	
Last Name or Single Name			First Name		Middle Name(s)
Unit/Buzzer Numbe	Street Number	Street Name			РО Вох
City/Town/Village Pro		Province/Territory/State		Country	Postal/Zip Code
Daytime Telephone	Number		Alternate Te	lephone Number	
the Application for a 1-800-461-2156 (ou	Change of Sex Desig	ld application process through nation on a Birth Registration n North America), 416-325-83	of an Adult.	All forms are available at <u>Se</u>	
Documents to be	Submitted				
parental information Please send the foll 1. Address ar 2. Statutory I with legal or taking affida designatio 3. Consent of others. If m • submit applica 4. Notice of th application. states they than one per completed a Declaration	n or certified copy of bir owing: nd Instructions (2 pag Declaration for a Chan ustody for the child (whavits (e.g., lawyer, nota n to male, female or) this amendment from ore than one person is all original signed count. his amendment must be In Ontario, non-custod cannot have access. Yerson requires notice, papplication for a Change for a Change of Sex E	es - this page and subsequent ge of Sex Designation on a B no is 17 years of age or under ary public, member of provinci (X means the child does not the child and from all other providing consent, photocopy consent form(s), completed by	at page) complified Registrate and who was all parliament out identify exercises with leaving the child and fully entitled to access unleaving and provide the Registration of a Child and child and complete access unleaving and provide the Registration of a Child and complete access and complete access unleaving and provide access and complete a	leted with mailing address a ion of a Child, in the requires born in Ontario) and signed). The applicant may chan exclusively as male or femore and custody of the child if the present form for each person d any other person(s) with I or access to the child at least ess a court order or separate who will get the consent for a separate notice form also not a Child and a copy of lid to each person being not	age the child's sex ale). The applicant shares custody with a to complete. The again custody who are not the again to agreement specifically orm in item 3 above. If more ong with a copy of the the completed Statutory iffied of the change of sex
Or all originaling 5. A letter (on authorized to confirm	ginal registered or cell address of the person the health practitioner to practise in Canada, practising member in go e of Psychologists of Oreated or evaluated the signation);	i's letterhead) signed by a pra showing their licence number and standing of the appropriation	cludes the dan actising physic and stating the te regulatory) who is requent the sex des	te stamped by the postal out cian or a psychologist (inclu- hat they: body (e.g., College of Phys- esting the change in sex de- ignation on the child's birth	utlet and the full name and ding a psychological associate) icians and Surgeons of Ontario, signation (specify the change in
,	•		· ·		out quetody status, access to the
child a nd/o	Court orders (original or court certified copies) or separation agreements that include information about custody status, access to the child a nd/or provisions regarding the sex designation of the child.				
7. All previous	ly issued birth certific	ates, birth certificates with	parental info	rmation, and certified cop	ies of the birth registration.

8.	A completed Request for Birth Certificate application with payment for any requested birth certificates or a certified copy of birth
	registration.

Alternative Evidence

In lieu of item 5 above, any one of the following documents may be submitted and will be reviewed on a case by case basis:

- A document or certificate issued by a jurisdiction in which the child was domiciled or ordinarily resident that, in the opinion of the Registrar General, confirms that the child's gender identity does not accord with the sex designation on the child's birth registration and it is appropriate that the sex designation be changed; or
- II. If the child is not domiciled or ordinarily resident in Canada, such medical evidence that, in the opinion of the Registrar General, confirms that the child's gender identity does not accord with the sex designation on the child's birth registration and it is appropriate that the sex designation be changed; or
- III. 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) of the *Vital Statistics Act*.

Resources for Physicians and Psychologists

The Registrar General relies on health practitioners to exercise their own judgment in accordance with their own experience, expertise and contact with the applicant to determine whether a request to change the sex designation on the child's birth registration is appropriate. For additional resources, health practitioners may consult the Centre for Addiction and Mental Health (CAMH) at www.camh.net and refer to the guidelines established by the World Professional Association for Transgender Health (WPATH), Standards of Care at www.wpath.org.

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 Office of the Registrar General may verify with health practitioners 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, PO Box 3000, 189 Red River Road 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.

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