



## Request for Waiver of Parental and/or Guardian Consent

For an Application for Change of Gender Designation (Minor) for BC Services Card, BC Driver's Licence, Enhanced Driver's Licence, BC Identification Card or Enhanced Identification Card

Applicant NAME: \_\_\_\_\_

Applicant Personal Health Number (PHN): \_\_\_\_\_

**The following is a list of grounds on which a waiver of parental/guardian consent may be approved. Please check the box next to all that apply to your situation and provide the requested information.**

- I have a Court's decision reflecting severing of guardianship from my parents and/or guardians.** You will need to attach a copy of the Court decision to this 'Request for Waiver of Parental/Guardian Consent'.
- I have a youth agreement from the Ministry of Children and Family Development.** You will need to attach a copy of your agreement to this 'Request for Waiver of Parental/Guardian Consent'.
- I am married and can provide my marriage certificate.** You will need to attach a copy of your marriage certificate to this 'Request for Waiver of Parental/Guardian Consent'.
- I am a parent and have evidence of custody of my child(ren).** You will need to attach a copy of your evidence of custody to this 'Request for Waiver of Parental/Guardian Consent'.
- I can't find my parent or guardian.** The person whose consent is required cannot be located after a reasonable, diligent and adequate search has been conducted. You will need to complete the attached Statutory Declaration and provide supporting evidence:
  - A copy of a court order showing who has custody of the Minor applicant.
  - In your statutory declaration, please list the last known mailing address and any other contact information for the parent and/or guardian whose consent is to be waived.
  - If you are unaware of the other parent's and/or guardians whereabouts, please complete a CANADA 411.CA search. In the LOCATION section put "CANADA" and attach a printout of the results to this Request.
  - In your statutory declaration, you must explain all efforts you have made to contact the other parent and/or guardian, including contact with relatives, email, social media, etc.
- My parent/guardian is deceased.** The person whose consent is required is deceased. You will need to attach a copy of the death certificate to this Request for Waiver of the person whose consent is to be waived.
- My parent/guardian is not able to sign due to a mental disorder.** You will need to provide supporting evidence:
  - A copy of a court order showing who has custody of the Minor applicant.
  - A letter from a physician or court order stating the person whose consent is to be waived is incapable of understanding what they would be signing.

**IMPORTANT:** Statements made in a Statutory Declaration are considered the equivalent of statements made in a Court of Law and may provide the basis for action against the applicant if they are proven to be fraudulent.

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**STATUTORY DECLARATION**

For Request for Waiver of Parental and/or Guardian Consent

**This Statutory Declaration MUST be completed and processed if the Applicant is asking for a Waiver of Consent of one or more Parents and/or Guardians (on the previous page -Request for Waiver of Parental/Guardian Consent) if the Parents/Guardians cannot be located. Please list when last contact was made with any missing parents and/or guardians and what attempts have since been made to gain the parent’s and/or guardian’s consent to this change of gender designation.**

CANADA: )  
Province of British Columbia ) In the Matter of  
To Wit: )

I, \_\_\_\_\_  
Of \_\_\_\_\_

In the Province of British Columbia, do solemnly declare that

\_\_\_\_\_  
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I verily declare that all supporting documents represent current circumstances and orders in effect as of this date.

And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the “Canada Evidence Act”.

Declared before me at \_\_\_\_\_ )  
In the Province of British Columbia, \_\_\_\_\_ )  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ ) Declarant’s Signature

\_\_\_\_\_  
Signature of Lawyer, Notary Public or  
Commissioner for Taking Affidavits

## Privacy Information

When this form is submitted to Health Insurance BC and/or the Insurance Corporation of BC, the personal information you provide is collected to update your Medical Services Plan (MSP), and/or the provincial government-issued identification listed on page 1 of this form.

The Insurance Corporation of BC collects personal information under the authority of section 25 of the *Motor Vehicle Act*, sections 3 and 9 of the *Identification Card Regulation*, and section 26 of the *Freedom of Information and Protection of Privacy Act* (FIPPA). Health Insurance BC collects information under the authority of the *Medicare Protection Act* and section 26 of FIPPA. Information may be disclosed by ICBC and/or HIBC pursuant to section 33 of FIPPA.

If you have any questions about the collection and use of personal information, please contact:

Manager, Service Delivery  
Provincial Identity Information  
Management Program  
PO Box 9412 STN PROV GOVT  
Victoria, BC V8W 9V1

**Telephone:**  
Victoria 250-387-6121  
Vancouver 604-660-2421  
Toll free in BC 1-800-663-7867

This form is subject to verification and audit by the Province of British Columbia