

PHYSICIAN'S OR PSYCHOLOGIST'S CONFIRMATION OF CHANGE OF GENDER DESIGNATION

(MINORS AGED UNDER 12 YEARS)

SHADED AREA FOR OFFICE USE ONLY
AFS# : _____

PHYSICIAN'S OR PSYCHOLOGIST'S INFORMATION (PLEASE PRINT CLEARLY)

SURNAME FOLLOWED BY GIVEN NAME(S)		
MAILING ADDRESS	CITY/TOWN/VILLAGE, PROVINCE/STATE, COUNTRY	POSTAL CODE
TITLE (if any)	TELEPHONE # (include area code) ()	

DECLARATION OF PHYSICIAN OR PSYCHOLOGIST

The physician's or psychologist's declaration is in support of the request to change the applicant's "Sex" designation on their provincially issued identification by witnessing or certifying that the person identifies themselves as a particular gender.

1. I hereby certify that I am:
- a practising registrant of the College of Physicians and Surgeons of British Columbia. BC MSP # _____
 - a practising registrant of the College of Psychologists of British Columbia. Registrant # _____
 - a practising registrant, authorised in another province or territory, to practise a health profession equivalent to that practised by person referred to above.
Your profession and registration #: _____ (PLEASE PROVIDE COPY OF LICENCE.)

2. I support the application of _____ Applicant's Legal Name
_____ Applicant's Personal Health #
and (_____) who is requesting the change in gender designation
BC Driver's License # or BC Identification

FROM Female Male X **TO** Female Male X

3. I confirm that the applicant's gender identity does *not* align with the "Sex" designation on the applicant's BC Birth Certificate.
4. I understand the consequences of making a false declaration.

X _____
Signature of Physician or Psychologist Date (dd/mm/yyyy)

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".

RESOURCES FOR PHYSICIANS OR PSYCHOLOGISTS

For additional resources, professionals may refer to the guidelines established by the World Professional Association for Transgender Health (WPATH), Standards of Care at www.wpath.org.

PRIVACY INFORMATION

Legislation Governing the Collection of Personal Information

The BC Vital Statistics Agency collects information on this form under section 26(c) of the *Freedom of Information and Protection of Privacy Act*, and uses it to fulfill the requirements of the *Vital Statistics Act* for the release of gender designation information. Should you have any questions about the collection of this personal information, please contact:

Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657, Stn Prov Govt, Victoria BC V8W 9P3.

If you have questions about the collection and use of personal information for changing gender designation on a birth registration, contact the Vital Statistics Agency:

Telephone:

Victoria 250 952-2681

Toll free in B.C. 1 888-876-1633

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