

(Affidavit must be on provider's letterhead OR

Provider's address: _____

Provider's telephone: _____

Provider's email: _____

Physician's Affidavit for Sex Change on Birth Certificate

I, _____, am a U.S.-licensed healthcare provider in good standing.
(Provider's Full Name)

Please check one box. Note: **Notarization of this letter is required for providers with an asterisk (*)**.

- Physician (MD or DO)
- Doctoral-level psychologist (PhD or PsyD in clinical or counseling)*
- Social worker (LMSW or LCSW)*
- Physician Assistant*
- Nurse practitioner*
- Mental Health Counselor*
- Midwife*

I am the healthcare provider of _____, whom I have treated in a doctor/patient relationship and have reviewed and evaluated his/her medical history.

Patient's Full Name at Birth: _____

If Name Change, Patient's Current Name: _____

Patient's Date of Birth: _____

Address: _____

I hereby certify and confirm that, in keeping with contemporary expert standards regarding gender identity, _____'s requested change of sex designation from _____ to _____ accurately reflects their gender identity. This is based on one of the following.

____ The registrant has undergone surgical, hormonal, psychological or other treatment appropriate for the individual for the purpose of gender transition, based on contemporary medical standards.

____ The registrant has an intersex condition, and that in the provider's professional opinion, the individual's sex as listed on the original birth certificate should be changed.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Signature of Provider: _____ Date: _____

Typed or Printed Name of Provider: _____

License Number: _____ State Issued: _____

Effective 2/11/2017

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Provider's telephone: _____

Provider's email: _____

License Type: _____ National Provider Identifier (NPI) Number: _____

NOTARY ACKNOWLEDGMENT

STATE OF DELAWARE: COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 20____.

Notary Public

Title

My commission expires: _____