

**Sample Physician's Letter for Birth Certificate  
Amendment of Sex**

Letter Certifying Applicant's Gender Change

I, \_\_\_\_\_,  
(Physician's Full Name)

\_\_\_\_\_, \_\_\_\_\_,  
(Physician's medical license/certificate number) (Issuing State/Country of license/certificate)

am the physician of \_\_\_\_\_,  
(Name of Patient)

with whom I have a doctor/patient relationship and whom I have treated, or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated.

\_\_\_\_\_, has had  
(Name of Patient)

appropriate clinical treatment for gender transition to the new gender of  
male      female.

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

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Typed Name of Physician

\_\_\_\_\_  
Date