

Sample Physician's Letter for Social Security Gender Marker Change

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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