

Sample Physician's Letter for U.S. Passport Gender Marker Change

Document retrieved from U.S. Department of State – Bureau of Consular Affairs

I, _____,
(Physician's Full Name)

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

am the attending physician of _____,
(Name of Patient)

with whom I have a doctor/patient relationship. _____
(Name of Patient)

- has had appropriate clinical treatment for gender transition to the new gender, or
- is in the process of 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