APPENDIX P:
Template Letter in Support of an Application For Change of Sex Designation on an Ontario Birth Registration

Note: • The letter must be from a physician, psychologist, or psychological associate authorized to practice in Canada and must be on the medical professional or clinic’s letterhead providing an address and phone number
• Patient must submit an original (not photocopy) signed in blue ink by the provider.

Date: __________________________

To: SERVICE ONTARIO, THE OFFICE OF THE REGISTRAR GENERAL

Re: Application by {__________________________} for a change in gender designation on their birth registration.

name of patient

I am a practicing member in good standing with the _________________________________.

specify the appropriate regulatory body

License No: ________________________________.

I have provided medical/psychological support and treatment to the applicant, {__________________________},

name of patient as shown on the birth registration

who is requesting a change in gender designation from ___________________________ to ___________________________.

I confirm that the applicant’s gender identity does not accord with the gender designation on the applicant’s birth registration and I am of the opinion that the change of gender designation on the birth registration is appropriate.

Yours truly,

________________________________________________________

signature and name of provider