

# 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

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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 client*

I am a practicing member in good standing with the \_\_\_\_\_.  
*specify the appropriate regulatory body*

License No: \_\_\_\_\_.

I have evaluated the applicant, (\_\_\_\_\_), who is requesting  
*name of client as shown on the birth registration*

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*