

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