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.

Date: ____________________________

To: SERVICE ONTARIO, THE OFFICE OF THE REGISTRAR GENERAL

Re: Application by (________________________________) for a change in gender designation on their birth registration

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

License No: ____________________________

I have evaluated the applicant, (_______________________________________________), 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