Reset

Service New Nouveau Brunswick

CHANGE OF SEX DESIGNATION — Adult (16 years of age or older)

Instructions to complete application to Vital Statistics, Service New Brunswick

How to apply

By mail or in person at the Vital Statistics office.

Who is eligible?

The applicant must be born or reside in New Brunswick

Required documents

Section 1 – An application for a change of sex designation completed by the individual requesting the change.

Section 2 – A written statement from the applicant that the applicant has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested.

Section 3 – A written statement provided by the following health professionals: physician, psychologist, nurse practitioner, registered nurse or social worker, lawfully entitled to practice their profession, who affirms the sex shown on the applicant's birth certificate does not correspond with the applicant's gender identity.

Note: if you are unable to provide a written statement from a health professional, please provide the reason in the space provided and your application will be given due consideration.

Important information

Please complete the entire application so we can process your request as soon as possible.

If documents submitted with the application are in a language other than English or French, you must submit an official translation from a certified translator.

Short and long form birth certificates issued prior to the change of sex designation must be returned to Vital Statistics.

As part of this application process:

- There will be no fee to change one's sex designation.
- A new short form birth certificate as a result of this change will also be provided free of charge if you were born in the Province of New Brunswick.
- The short form certificate includes the surname and given names of individual, date of birth, place of birth, sex, registration date, registration number and date issued.

Privacy information

The information on this form is collected under the authority of the New Brunswick *Vital Statistics Act*.

Contact us

Contact information

506-453-2385 Option #4

1-888-762-8600
(toll-free in North America)

Fax: 506-453-3245

Email: vsresolutions@snb.ca

Office location

230 Hilton Rd
Fredericton NB E3B 6B1
Hours
8:15 am to 4:30pm
Monday to Friday
(except holidays)

Mail – Postal address

Vital Statistics
Confidential Services
PO Box1998
Fredericton NB E3B 5G4

Our resolutions officers are competent with gender diversity and are available to assist with the process. We are here to help!

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Section 1 – Applicant's information

1.1 Name and address information *Please print*			
Last name or surname	First and all given names		
Mailing address			Postal code
Civic address (if different from above)			Postal code
Home telephone number	Daytime contact number	Mobile number	Email address

1.2 Details of birth as stated on birth certificate			
Last name or surname	First and all given names		
☐ Male ☐ Female ☐ X	Date of birth (DAY | MONTH | YEAR)	Place of birth (city, town, village)	Province

1.3 Father's/other parent's details (if stated on birth certificate)		
Last name or surname	First and all given names	
Place of birth (city, town, village)	Province / State	Country

1.4 Mother's details (mother's maiden surname)		
Last name or surname	First and all given names	
Place of birth (city, town, village)	Province / State	Country

Section 2 – Written statement from the applicant

I, ... solemnly declare that:
Please print full name

1. I make this application to change the sex designation on my New Brunswick birth certificate from:

Please √ box

☐ MALE to FEMALE **or** ☐ FEMALE to MALE

☐ MALE to X **or** ☐ FEMALE to X

☐ X to MALE **or** ☐ X to FEMALE

2. I have assumed, identify with and intend to maintain the gender identity that corresponds with the requested change in sex designation.

3. I understand that all previously issued birth certificates will no longer be valid upon completion of my change of sex designation and that they will be cancelled.
**If you were not born in New Brunswick, you must provide your original birth certificate(s).*

Please √ box

☐ I am enclosing all previously issued New Brunswick birth certificates; **or**
☐ I currently do not have a New Brunswick birth certificate.

4. I understand that it is an offense for me or anyone else to use a certificate that has been cancelled.

....
Signature of applicant Date (dd/mm/yyyy)

Section 3 – Written statement from a professional

The professional's written statement is in support of the applicant's request to change the sex designation on their birth certificate.

3.1 Professional's information *Please print*

Last name or surname	First and all given names	Contact number

Mailing address	Postal code

I hereby certify that:

Please √ box I am a ☐ physician ☐ psychologist ☐ nurse practitioner ☐ registered nurse ☐ social worker and I am registered and practicing ☐ in New Brunswick; **or** ☐ outside New Brunswick.

3.2 Professional regulatory authority

Name of registering body	Certificate / License / Registration number	Contact number

Civic address	Postal code

Applicant's current full legal name *(Please print – Last name or surname, first and all given names)*	Applicant's date of birth (DAY | MONTH | YEAR)

In my opinion the sex shown on the applicant's birth registration does not correspond with the applicant's gender identity. I support the applicant's request to change the sex designation on their birth registration from:

Please √ box

☐ MALE to FEMALE **or** ☐ FEMALE to MALE

☐ MALE to X **or** ☐ FEMALE to X

☐ X to MALE **or** ☐ X to FEMALE

....

Signature of professional Date (dd/mm/yyyy)

3.3 Resources for professionals

For additional resources, professionals may refer to the guidelines established by the World Professional Association for Transgender Health (WPATH), Standards of Care at www.wpath.org.

3.4 Request to be exempt from the written statement from a professional: (if more space is required, please use the reverse side)

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