

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.

The applicant must be born or reside in New Brunswick Who is eligible?

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	Office location	Mail – Postal address		
506-453-2385 Option #4	435 King Street, Suite 203	Vital Statistics		
1-888-762-8600 (toll-free in North America)	Fredericton NB E3B 1E5 Hours	Confidential Services PO Box1998 Fredericton NB E3B 5G4		
Fax: 506-453-3245	8:15 am to 4:30pm Monday to Friday	Tredefictor ND 250 5GT		
Email: vsresolutions@snb.ca	(except holidays)			

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



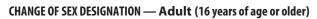


Date (dd/mm/yyyy)

$Section \ 1-Applicant's \ information$

Signature of applicant

1.1 Name and address infor	mation 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 Date	e of birth (DAY MONTH YEAR)	Place of bir	rth (city, town, village)		Province
x					
1.3 Father's/other parent's o	letails (if stated on birtl	h certific	cate)		l .
-			First and all given names		
Place of birth (city, town, village)				Province / State	Country
1.4 Mother's details (mother	r's maiden surname)				
Last name or surname			First and all given names		
Place of birth (city, town, village)		,	Province / State	Country	
Cartian 2 Writtan ata	4 4 b 4 b	l: .			
Section 2 — Written sta	tement from the	applic	cant		
I,				solemnly	declare that:
Please print full name					
	_		New Brunswick birth certificate f	rom:	
Please √ box MALE to FE	EMALE MALE to 2	X	X to MALE		
FEMALE to	_	to X	X to FEMALE		
 I have assumed, identify wit designation. 	h and intend to maintain	the gen	nder identity that corresponds wi	th the requested	l change in sex
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 I	•	•	_		
Please \sqrt{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 offe	ense for me or anyone el	se to use	e a certificate that has been cance	elled.	





$Section \ 3-Written \ statement \ from \ a \ professional$

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 <i>Please print</i>			
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 psychol and I am registered and practicing		<u> </u>	worker
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 (<i>Please print – Last name or surname, first and all given names</i>)		Applicant's date of birth	(DAY MONTH YEAR)
or or	E to X X to MALE or ALE to X X to FEMALE	 Date (dd/m	 m/yyyy)
3.3 Resources for professionals			
For additional resources, professionals may refer Transgender Health (WPATH), Standards of Care	to the guidelines established by the World Profes at www.wpath.org.	sional Association	on for
3.4 Request to be exempt from the written so (if more space is required, please use the			