Reset

Service New Nouveau Brunswick

CHANGE OF SEX DESIGNATION — Child (15 years of age or younger)

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 child must be born or reside with a parent in New Brunswick.

Required documents

Section 1 – The applicant's personal information.

Section 2 – The written consent of every person who has care and custody of the child. If consent cannot be obtained, proof of notification to all other parents and of their right to object to the change of sex designation. Additionally, an applicant may make application to the court to dispense with the consent of a parent.

Section 3 – If the child is 12 years of age or older, written and witnessed consent to the change of sex designation is required including a written statement from the child that the child has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested.

Section 4 – A written statement provided by the following health professionals: physician or psychologist lawfully entitled to practice their profession

- who confirms they have treated, evaluated or consulted with the child and that in their opinion, the child has the capacity to make an informed decision about whether to make an application for a change of sex designation; and
- who affirms the sex shown on the child's birth certificate does not correspond with the child's gender identity.

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 birth certificate as a result of this change (short form or long form) will also be provided free of charge. Please specify:

☐ ***Short form birth certificate*** – Includes surname and given names of individual, date of birth, place of birth, sex, registration date, registration number and date issued.

☐ ***Long form birth certificate*** – Includes all of the above information plus the names of the parents and the province or country of the parents' birth.

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: vitalstats@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 Box 1998
Fredericton NB E3B 5G4

CHANGE OF SEX DESIGNATION — Child (15 years of age or younger)

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 Child's details of birth as currently registered			
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 record)		
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 as stated on official birth certificate)		
Last name or surname	First and all given names	
Place of birth (city, town, village)	Province / State	Country

Section 2 – Consent for change of sex designation on birth registration

The written consent of every person who has care and custody of a child aged 15 years and younger is required, unless dispensed with by the Court.

I / We

....
Last name or surname — First and all given names

....
Last name or surname — First and all given names

the parent(s) or legal guardian(s) of:

....
Last name or surname — First and all given names

hereby give consent to the proposed change of sex designation for my/our child's 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 parent or legal guardian — Date (dd/mm/yyyy)

....
Signature of parent or legal guardian — Date (dd/mm/yyyy)

Section 3 – Written consent and statement from child (if 12 years of age or older)

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

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

Please √ box

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

OR,
as I was not born in New Brunswick, I make this application to obtain a New Brunswick "Certificate of Change" to show my sex designation has been changed from:

Please √ box

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

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

2. 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.

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

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

....
Signature of child | Date (dd/mm/yyyy)

Applicant must have their signature witnessed by: *Please √ one*

☐ Physician or psychologist licensed to practice in the Province of New Brunswick.

☐ Physician or psychologist licensed to practice outside the Province of New Brunswick.

☐ Person authorized to solemnize marriages under the New Brunswick *Marriage Act*.

Dated this

..... | DAY | MONTH *(please spell out)* | YEAR
Name of witness *(Please print)*

.....
Signature of witness

....
Address of witness | License / Registration number

Section 4 – Written statement from a physician or psychologist

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

4.1 Professional's information

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

and I am registered and practicing ☐ in New Brunswick; **or** ☐ outside New Brunswick.

4.2 Professional regulatory authority

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

Civic address	Postal code

I have treated or evaluated the child, whose current full legal name is *(Please print)*

Last name or surname	First and all given names	Applicant's date of birth (DAY | MONTH | YEAR)
.....	.....	

It is my opinion the child has the capacity to make an informed decision about whether to make an application to request a change to the sex designation on their birth certificate. In my opinion the sex shown on the applicant's birth certificate does not correspond with the child's gender identity. I support the 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)

4.3 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.

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