

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

435 King Street, Suite 203 Fredericton NB E3B 1E5

Hours

8:15 am to 4:30pm Monday to Friday (except holidays)

Mail - Postal address

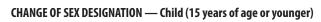
Vital Statistics Confidential Services PO Box 1998 Fredericton NB E3B 5G4



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$Section \ 1-Applicant's \ information$

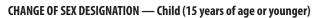
1.1 Name	and address infor	mation Please	e print						
Last name or surname				First and all given names					
Mailing address						Postal code			
Civic address (if different from above)						Postal code			
Home telephone number Daytime contact number				Mobile number	Email address	Email address			
1.2 Child'	s details of birth a	s currently regi	stered		I				
Last name or surname				First and all given names	First and all given names				
Male Female Date of birth (DAY MONTH YEAR) Pla			YEAR) Place of	of birth (city, town, village) Province					
1.3 Fathe	r's/other parent's	details (if stated	d on birth reco	rd)					
Last name or surn	ame			First and all given names	First and all given names				
Place of birth (city, town, village)					Province / State	Country			
1.4 Mothe	er's details (mothe	r's maiden surr	name as stated	on official birth certi	ficate)				
1.4 Mother's details (mother's maiden surname as stated on official birth certificated Last name or surname First and all given names					•				
Place of birth (city	, town, village)				Province / State	Country			
		-	•	ation on birth re	egistration d younger is required, unless	dispensed with by			
I / We									
Last name or surname First and all given names									
	e or surname or legal guardian(s	o) of:		First and all given names					
Last nam	e or surname			First and all given names					
hereby give	consent to the prop	osed change of	sex designation	n for my/our child's from	m:				
Please√box	MALE to FEMA	0	MALE to X r FEMALE to X	X to MALE or X to FEMA					
	I LIVIALE to IVI	TLL [I LIVIALE TO A	T Y TO I EMIA	LL				
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)

Ι, .	Please print full name				s	olemnly declare th	at:
Ιm	•	change the sev design	nation on my New Brunsw	rick hirth certificate fro	m·		
		ALE to FEMALE	MALE to X	X to MALE			
	or		or	or			
	L FE	MALE to MALE	FEMALE to X	X to FEMALE			
	designation has beer	n changed from:	this application to obtain	_	tificate of	Change" to show m	ny sex
	Please √ box	ALE to FEMALE	MALE to X	X to MALE			
		MALE to MALE	or FEMALE to X	or X to FEMALE			
1.	I have assumed, iden designation.	tify with and intend to	maintain the gender ide	ntity that corresponds	with the re	equested change ir	ı sex
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.						
	_		ly issued New Brunswick				
_	_	ŕ	ew Brunswick birth certifi anyone else to use a certif				
 Sigr	nature of child					 .m/yyyy)	
,					•	•••	
Аp	plicant must have thei	r signature witnessed	oy: Please√one				
	Physician or psycholo	ogist licensed to practi	ce in the Province of New	Brunswick.			
	Physician or psycholo	ogist licensed to practi	ce outside the Province of	f New Brunswick.			
	Person authorized to	solemnize marriages u	under the New Brunswick	Marriage Act.			
						Dated this	
Nan	ne of witness (<i>Please print)</i>				DAY	MONTH (please spell out)	YEAR
Sigr	nature of witness				•••		
 Add	lress of witness				License / Re	egistration 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 name	es	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 Brur	nswick; or outside New Brun	iswick.					
4.2 Professional regulatory authority								
Name of registering body		Certificate / License / Registration number	Contact number					
Civic address		ı		Postal code				
I have treated or evaluated the child, whose current full legal name is (Please print) Applicant's date of birth (
Last name or surname First and all given names								
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	MALE to X	X to MALE						
FEMALE to MALE	FEMALE to X	X to FEMALE						
Signature of professional			Date (dd/n	nm/yyyy)				
4.3 Resources for professionals For additional resources, professionals may refe	r to the guideline	os ostablishad by the World Drofe	ssional Associati	on for				
Transgender Health (WPATH), Standards of Care			331011d1 A330Cldl1	011 101				