

**Section 3:0 – Written Statement From Medical Practitioner**

The Medical Practitioner written statement confirms that they have treated, evaluated or consulted with the applicant, and the applicant’s sex designation request is consistent with the sex designation with which the applicant identifies.

**3.1 Medical Practitioner’s Professional Information**

Surname		
First Name	Second Name	
Mailing Address (Civic # or PO Box)	Street Name	City/Town
Province	Postal Code	Contact #

I hereby certify that: I am a  Physician/Nurse Practitioner

I am registered and practicing  in Prince Edward Island or  outside Prince Edward Island

**Section 3.2 Medical Practitioner’s Regulatory Authority**

Name of Registering Body	
Civic Address:	
Certificate/License/Registration Number	Contact #

**Section 3.3 Applicant’s Birth Information**

Applicant’s current legal Name (please print)	Surname	First & All Given Names
Applicant’s Date of Birth (MM/DD/YYYY)		

I confirm that the sex designation on the applicant’s birth registration does not correspond with the applicant’s presenting gender identity and he/she is requesting to change the sex designation on his/her birth certificate from:

(Please check box)

- Male to Female
- Male to Non-Binary
- Non-Binary to Male
- Female to Male
- Female to Non-Binary
- Non-Binary to Female

\_\_\_\_\_  
Signature of Medical Practitioner

\_\_\_\_\_  
Date

