



Change of Sex Designation - Under 16 Years of Age

Instructions to complete application to Vital Statistics,
Digital Government and Service NL

There is no fee required to apply for Change of Sex Designation. A commemorative Certificate of Change is available upon request for a fee of \$25.00. All applicants must complete Sections 1 through 4. Applicants applying for a Birth Certificate with updated birth information must also complete Section 5. Fees for revised Birth Certificate are \$35; \$30 online.

Disclaimer: The Government of Newfoundland and Labrador cannot guarantee that a birth certificate with a gender marker “x” will be accepted by authorities in other organizations.

Please Note: For the purposes of this form, the applicant must be either the parent or legal guardian submitting application on behalf of a person under 16 years of age.

How to apply

- In person at Vital Statistics Division, 149 Smallwood Drive, Mount Pearl, NL.
- By mail to “Confidential Services”, Vital Statistics Division, Digital Government and Service NL, P. O. Box 8700, St. John's, NL A1B 4J6

Who is eligible?

- The child must have been born in Newfoundland and Labrador or resident for 3 months.
- The parent or legal guardian must make an application on behalf of a child under 16 years of age.

Required documents

- An application for a change of sex designation completed by the parent or legal guardian on behalf of the child requesting the change (Section 1)
- Signed consent from the other parent or legal guardian or a signed Request for Waiver of Consent/Statutory Declaration (Section 2 / 2.1)
- Consent is also required from individuals age 12 to 15 years (Section 2).
- A written statement from the child's parent or legal guardian confirming the child has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested (Section 3)
- A letter of support from a health professional deemed acceptable by the Registrar of Vital Statistics (i.e. Physician, Psychologist, Nurse Practitioner, Registered Nurse, or Social Worker) (Section 4a). Please note that if applicant is under the age of 12, a Statement from one additional health professional is required (Section 4b).
- A certified copy of Immigration and Citizenship documents (if born outside Canada).
- Parents must provide one piece of valid government issued photo ID (e.g. driver's licence).

Important Information

- Please complete the entire application to avoid delays with processing.
- If documents submitted with the application are in a language other than English or French, the applicant must submit an official translation from a certified translator.
- The following certificates include sex designation: short and long form birth certificates.
- All short and long form birth certificates in the applicant's possession issued prior to the change of sex designation must be returned to Vital Statistics Division, as they will no longer be valid.
- Following completion of the above steps and approval of the application by the Registrar, applicants may order a new birth certificate by completing Section 5.
 - Short Form Birth Certificate: Individual information only – includes name, sex, place and date of birth.
 - Long Form Birth Certificate: Parental information included – includes the short form certificate information, plus names of parent(s) listed on the birth registration.
- There is a fee of \$35 for a new Birth Certificate, or \$30 online.
- A Certificate of Change will be provided to persons born outside of Newfoundland and Labrador upon request for a fee.

Privacy Notice

The Vital Statistics Division collects personal information relating to births, deaths, marriages, adoptions and legal name changes, under the authority of the following legislation: Vital Statistics Act, 2009; Marriage Act; Change of Name Act, 2009; Adoption Act, 2013; Children's Law Act. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Protection of Privacy Act, 2015. For more information please call (709) 729-3313.



Change of Sex Designation - Under 16 Years of Age

Section 1 - Details of Birth as Currently Registered - please print

| | | |
|----------------------------|--------------------------------------|--|
| Surname | | |
| First Name | Second Name | Other Given Names |
| | | Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/> |
| Date of Birth (YYYY-MM-DD) | Place of Birth (City/Town/Community) | Province NEWFOUNDLAND & LABRADOR |

Section 1:1 - Parent 1 - Maiden surname (as stated on official birth registration) if applicable

| | | |
|--------------------------------------|----------------|-------------------|
| Surname | | |
| First Name | Second Name | Other Given Names |
| Place of Birth (City/Town/Community) | Province/State | Country |

Section 1:2 - Parent 2 - Maiden surname (as stated on official birth registration) if applicable

| | | |
|--------------------------------------|----------------|-------------------|
| Surname | | |
| First Name | Second Name | Other Given Names |
| Place of Birth (City/Town/Community) | Province/State | Country |

Section 2 - Consent of Other Parent/Guardian and Child 12 or Older for Change of Sex Designation on Birth Registration

I _____
 Surname First Name Second and Other Given Names

the parent or legal guardian of: _____
 Surname First Name Second and Other Given Names

hereby give consent to the proposed change of sex designation for my child's birth registration from:

Please select: Male to Female Male to X X to Male
 or or or
 Female to Male Female to X X to Female

Signature of Parent or Legal Guardian _____ Witness Signature _____ Date _____

Signature of child, if 12 years of age or over _____ Witness Signature _____ Date _____

Section 2.1 - Request for Waiver / Statutory Declaration

This Request for Waiver / Statutory Declaration MUST be completed if the Applicant is asking that consent of the Other Parent be waived.

I, _____ of _____
 in the Province of _____

do solemnly declare that the consent of the other parent of my child be waived for the following reason:

There is no other parent registered on the child's birth registration and there are no legal proceedings ongoing in relation to parentage or custody of the child.

I notified the other parent of the child's proposed change of sex designation and the right to object and 30 days have elapsed since the other parent was personally served with the notice and he / she has not objected to the proposed change of sex designation. A copy of the Notice and an Affidavit of Service (or confirmation of receipt of registered mail) is attached.

I have attached a court order directing the change of the sex designation of the child.

The other parent is deceased and supporting documentation in relation to the other parent's death is attached.

I verify that all supporting documents represent current circumstances and orders in effect as of this date, and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if I made oath and by virtue of the Newfoundland and Labrador *Evidence Act*.

Sworn to (or affirmed) at _____, in the
 Province of _____,
 this _____ day of _____, 2_____.

Signature of Applicant

Commissioner of Oaths / Justice of the Peace /
Notary Public - with raised seal
(if completed outside Newfoundland and Labrador)

Section 3 - Written Statement by Parent or Legal Guardian of Child

I, _____, as parent legal guardian
Please Print Full Name

solemnly declare that:

1. I make this application on behalf of _____ to change the sex designation
Please Print Full Name of Child
on his/her Newfoundland and Labrador birth registration from:

Please select:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Male to Female | <input type="checkbox"/> Male to X | <input type="checkbox"/> X to Male |
| or | or | or |
| <input type="checkbox"/> Female to Male | <input type="checkbox"/> Female to X | <input type="checkbox"/> X to Female |

2. The child has assumed, identifies with and intends 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 sex designation change and that they will be cancelled.

Please select:

- All previously issued Newfoundland and Labrador birth certificates are enclosed
or
 Currently does not have a Newfoundland and Labrador birth certificate.

4. I understand that it is an offense to use a birth certificate that has been cancelled.

Sworn to (or affirmed) at

_____, in the

Province of _____,

this _____ day of _____, 2_____.

Commissioner of Oaths / Justice of the Peace /
Notary Public - with raised seal
(if completed outside Newfoundland and Labrador)

Signature of Applicant

Section 4a - Statement from Health Professional(s) for Applicants Under 16 Years of Age

The health professional's statement confirms that they have treated, evaluated or consulted with the child and the child's sex designation request is consistent with the sex designation with which the child identifies.

PLEASE NOTE: If applicant is under the age of 12, Statements from two separate Health Professionals are required.

Section 4a.1 - Health Professional's Practice Information

| | | |
|---------------------------------------|-------------|-----------|
| Surname | | |
| First Name | Second Name | |
| Mailing Address (Civic # or P.O. Box) | Street Name | City/Town |
| Province | Postal Code | Contact # |

I hereby certify that: I am a Physician
 Psychologist
 Nurse Practitioner
 Registered Nurse
 Social Worker

I am registered and practicing in Newfoundland and Labrador outside Newfoundland and Labrador

Section 4a.2 - Health Professional Regulatory Authority

| | |
|---|-----------|
| Name of Registering Body | |
| Civic Address | |
| Certificate/Licence/Registration Number | Contact # |

Section 4a.3 - Child's Birth Information

| | | |
|--|---------|---------------------------|
| Child's current full legal name (please print) | Surname | First and All Given Names |
| Child's Date of Birth (YYYY-MM-DD) | | |

I confirm that I have treated, evaluated or consulted with the child and the sex designation being applied for is consistent with the child's presenting gender identity. The applicant is requesting to change the sex designation on the child's birth registration from:

(Please check box)

Male to Female Male to X X to Male
or
 Female to Male Female to X X to Female

Signature of Health Professional

Date

Section 4b - Statement from Health Professional(s) for Applicants Under 16 Years of Age (continued)

If applicant is under the age of 12, a Statement from a second Health Professional is required.

Section 4b.1 - Health Professional's Practice Information

| | | |
|---------------------------------------|-------------|-----------|
| Surname | | |
| First Name | Second Name | |
| Mailing Address (Civic # or P.O. Box) | Street Name | City/Town |
| Province | Postal Code | Contact # |

I hereby certify that: I am a Physician
 Psychologist
 Nurse Practitioner
 Registered Nurse
 Social Worker

I am registered and practicing in Newfoundland and Labrador outside Newfoundland and Labrador

Section 4b.2 - Health Professional Regulatory Authority

| | |
|---|-----------|
| Name of Registering Body | |
| Civic Address | |
| Certificate/Licence/Registration Number | Contact # |

Section 4b.3 - Child's Birth Information

| | | |
|--|---------|---------------------------|
| Child's current full legal name (please print) | Surname | First and All Given Names |
| Child's Date of Birth (YYYY-MM-DD) | | |

I confirm that I have treated, evaluated or consulted with the child and the sex designation being applied for is consistent with the child's presenting gender identity. The applicant is requesting to change the sex designation on the child's birth registration from:

(Please check box)

Male to Female Male to X X to Male
or
 Female to Male Female to X X to Female

Signature of Health Professional

Date

Section 5 - Application for Birth Certificate (Please print)
Contact Information

| | | | |
|---|---|-------------------|---------------------|
| Surname | | | |
| First Name | Second Name | Other Given Names | |
| Mailing Address (Civic # or P.O. Box) City | | Province/State | Country Postal Code |
| Civic Address (if different from above) Street Name and Number City | | Province/State | Country Postal Code |
| Home Number | Daytime Contact Number | Mobile Number | Email Address |
| Is this person deceased? Yes <input type="checkbox"/> (proof of death must be attached) No <input type="checkbox"/> | | | |
| Surname at birth | | All given names | |
| Female <input type="checkbox"/> Male <input type="checkbox"/> X <input type="checkbox"/> | If "X" is selected please complete this section I, _____ understand the Government of Newfoundland and Labrador cannot guarantee that a birth certificate with a gender marker "x" will be accepted by authorities in other organizations. | | |
| | | | Signature _____ |
| Date of birth Month Day Year | Place of Birth (city or town) | | NL |
| Surname of father/other parent | | (Given names) | |
| Birth surname of mother/other parent | | (Given names) | |
| Certificate required: Long form <input type="checkbox"/> Short form <input type="checkbox"/> Certified copy of Birth Registration <input type="checkbox"/> Certified copy of Legal Change of Name <input type="checkbox"/> | | | |
| *Note: short form will be issued if neither is specified. Short form does not contain parent's names | | | |

Section 5.1 - Method of Payment

Note: There is a fee of \$35 (\$30 online) to obtain a Birth Certificate.

| | | | | | |
|-------------------------------|---------------------------------|--------------------------------------|-------------------------------|-------------------------------------|--------------------|
| CASH <input type="checkbox"/> | CHEQUE <input type="checkbox"/> | MONEY ORDER <input type="checkbox"/> | VISA <input type="checkbox"/> | MASTERCARD <input type="checkbox"/> | EXPIRY DATE: _____ |
| CREDIT CARD NUMBER _____ | | | SIGNATURE _____ | | |

Section 5.2 - For Office Use Only

| | Initials | Date | Record no. |
|--|---|------|----------------------|
| Search | | | Date of registration |
| Second Search | | | Certificate no. |
| Issued | | | File no. |
| | | | Receipt no. |
| Acceptable ID presented? Yes <input type="checkbox"/> No <input type="checkbox"/> | Entitled? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Amount received |
| | | | Refund |

Section 5.3 - Contact Information

All mailed in requests should be addressed to:
"Confidential Services", Vital Statistics Division
 Digital Government and Service NL
 P. O. Box 8700, St. John's NL A1B 4J6 Canada

For inquiries please call (709) 729-3313

MOUNT PEARL OFFICE Motor Registration
 Building 149 Smallwood Drive Mount Pearl, NL

website: <http://www.gov.nl.ca/dgsnl/> e-mail: vstats@gov.nl.ca