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Lastly, the statute should ensure that those who hold an amended certificate that was acquired *before* the new statute came into effect are able to receive a new certificate with the same privacy protections (i.e. sealing of the original certificate and the associated documents from public inspection). In states that have had a policy of issuing "amended" certificates and/or not sealing the records related to correction of gender in the past, this provision is necessary to afford these individuals the same privacy protections that are afforded to individuals who process their gender correction under the new statute. Thus, upon application and payment of appropriate fees,[289] a person who previously received an amended certificate should be able to receive a new certificate.

Ideally, the vital statistics agency should go through old records and seal those related to all of the previously executed gender corrections as well, regardless of whether the person has asked for sealing of records; however, as a practical matter, this may not be feasible. Therefore, at the minimum, the sealing of old records related to gender correction should be completed at the request of the applicant.

V. Recommended Language and Policy

A. The Model Provision

This Section proposes new language that should be easy to insert into any vital statistics code to comprehensively address gender marker corrections.[290] For the new version of the MSVSA, this would be its own section and Section 21(d) would need to be deleted. This model statutory provision incorporates all of the features needed in a statute to have a clear, comprehensive policy with regard to gender corrections and associated name changes. It would be based on current medical consensus, sound policy considerations, and in compliance with applicable constitutional requirements. This model language is based on, and borrows heavily from, the statutory language in Vermont and California, as well as the policy of both Washington and the U.S. Department of State relating to Consular Reports of Birth Abroad.

Although it is drafted in the style of statutory language, this language can instead be adopted by the vital statistics agency, in whole or in part, as regulations or as written policy. This would be most applicable in jurisdic-

289. Throughout this article, no recommendation is made with regard to the appropriate amount of fees. As guidance, fees should not be prohibitively costly and should be waivable, without significant delay, with a showing of indigence.

290. Of course, any such legislation should delete the existing language related to gender corrections, if it exists.

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tions with no statute on the issue of gender correction or a gender correction statute that would not conflict with such regulations. Here is the recommended text:

Section X. Changes to Birth Certificate Related to a Change of Gender

(a) The State Registrar shall issue a new birth certificate to a person who was born in [this state] and who has a gender different from the gender denoted on that person's birth certificate when the State Registrar receives:

1) A written request by the registrant, his or her parents, guardian, or legal representative signed under penalty of law, that the State Registrar issue a birth certificate with a gender designation that differs from the gender designated on the registrant's original birth certificate;

2) A notarized statement from the registrant's licensed treating or evaluating physician or health care provider stating that the registrant has undergone surgical, hormonal, or other treatment appropriate for that individual for the purpose of gender transition, based on contemporary medical standards, or stating that the registrant has an intersex condition, and that in the provider's professional opinion the registrant's gender designation should be changed accordingly; and

3) If the registrant or his or her legal representative is also requesting a name change on the certificate, an original or certified copy of a name change order issued by a court of competent jurisdiction.

(b) The State Registrar shall not request any additional information or records other than those required by subsection (a)(2). The State Registrar shall not disclose information relating to a gender correction, including to other government employees, unless required in order to conduct official business.

(c) When the State Registrar receives the documentation described in subsection (a) of this Section, the State Registrar shall issue a new birth certificate reflecting the new gender designation and, if applicable, new name of the registrant. The new birth certificate supersedes the original as the official public record. The new certificate shall not be marked as amended and shall in no way disclose the original information. When such a birth certificate is issued, the State Registrar shall cause the registrant's original birth certificate and all documentation received pursuant to subsection (a) of this Section to be placed under seal and kept in a confidential file. The State Registrar shall provide access to the

original birth certificate and/or documentation received pursuant to subsection (a) of this Section only upon order of a court of competent jurisdiction or written request of the registrant.

(d) The State Registrar shall issue, upon request, a new birth certificate reflecting the new gender designation or new name (or as previously amended), and shall seal relevant records, as described in subsection (c) in these additional circumstances:

(1) when a birth certificate is amended to reflect a change in gender designation at any point in time after that birth certificate has been amended to reflect a name change

(2) when a birth certificate is amended to reflect a name change at any point in time after the birth certificate has been amended to reflect a change in gender designation, or

(3) if a person holds an amended birth certificate related to change of gender and/or name issued under [a previous version of this Section].

(e) The State Registrar shall not amend the vital record if: (1) an applicant does not submit the minimum documentation required in this Section for amending a vital record; or (2) when the Registrar has reasonable cause to question the validity or adequacy of the applicant's sworn statements or the documentary evidence, and the deficiencies are not corrected. The State Registrar shall state in writing the reason for this action. Upon the State Registrar's refusal to amend the vital record, the applicant shall have a cause of action in court to amend the vital record. The Registrar shall give the applicant written notice of this right.

(f) In the case of a person who is a resident of this state and was born in another state or in a foreign jurisdiction, if such other state or foreign jurisdiction requires a court decree in order to amend a birth certificate to reflect a change in gender, the [courts/probate courts] in this state shall have jurisdiction to issue such a decree.

Legislative drafters from a state considering adopting this language should also contemplate how these new provisions related to privacy and procedures for gender marker corrections would affect the meaning of any other existing provisions related to privacy or procedures for to other corrections.[291] While subsequently amended or adopted statutes would not nor-

291. For example, the precision and specificity in a new gender correction provision may cause a question about how an existing privacy provision regarding other corrections or amendments should be interpreted. For example, if the adoption provision refers to records being "confidential," and the gender correction provision refers to records being "sealed," the agency or courts may think that different meaning was intended, when in actuality, the same meaning was likely intended. In this case, the adoption provision's language should also be changed to "sealed" to avoid this confusion.

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mally be read to create confusion with prior provisions, the legislative drafter ought to review carefully the structure and text of the entire existing statute to avoid future confusion or unintended consequences from the potentially different wording introduced into the statute by this provision. Also, if not already clear from the existing statute, it should be made clear that "State Registrar" refers to relevant staff of the vital records agency that have been authorized by the Registrar to execute these corrections.

B. Implementation

This model statute was designed to avoid the need for additional clarification in the form of regulations or written policies. Eliminating vagueness in statutory language increases the efficiency of the process by not requiring deliberation and determination of what processes need to be established and followed by the state agency. However, there are also important implementation items that would greatly increase the efficiency and success of the new statute.

First, it would streamline the process for staff, as well as the holder of the birth certificate, if there were a form promulgated by the vital statistics agency for gender corrections. The use of forms for updating gender on driver's licenses has become a best practice.[292] In what is considered the model policy and has been adopted for use in several states, the Washington, D.C. Department of Motor Vehicles has a one-page form where the applicant fills out the top part (which requests the correction) and the medical or social service authority fills out and signs the bottom part (which indicates their professional opinion).[293] A similar form could be used by vital statistics agencies.

Second, providing staff with training for implementation is an essential part of successfully effectuating any policy change. Staff training should include not only the policies and procedures to process the correction of gender and/or name on birth certificates, but should also provide basic cultural competency so that transgender people interacting with staff are treated respectfully throughout the process.

Third, the practical instructions of how old records are removed from the files and new ones inserted, as well as how to seal the documents used in updating gender may need to be developed. Furthermore, the issue of whether the agency has the ability to go back to previous gender corrections and seal the records without a request by each individual needs to be ex-

292. Tobin, *Fair and Accurate Identification*, *supra* note 4.

293. District of Columbia Dept. of Motor Vehicles, Gender Designation on a Driver's License or Identification Card (2006), *available at* http://dmv.dc.gov/pdf/Gender_Change_Policies.pdf.

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amined. Whether these privacy concerns will need to be dealt with by new regulations or written policy will depend on the state's existing policies and practices. Accordingly, there could be a need to update existing regulations or policies to ensure that confidentiality is maintained.

Conclusion

Laws and policies related to birth certificates need to be updated to keep up with advances in the medical, legal, and public policy fields. By recognizing the needs of its citizens, responding in a low-cost, efficient manner, and making policies based on careful legal and scientific analysis, the government can improve transgender people's access to vital services and take steps toward eliminating discrimination, harassment, and violence. The statute recommended by this Article results in four significant goals: 1) that vital records will be accurate and in accord with contemporary medical standards, 2) that government resources are used efficiently, 3) that constitutional rights are respected, and 4) that proper consideration was given to the human and legal impacts of having an inaccurate birth certificate.

Any state, local, or territorial government that adopts the recommended statutory language (via statute, regulation, or written policy) can be sure that it has improved its own functioning and has enabled transgender people to live their lives with one less burden imposed on them by the government.

As birth certificate statutes and policies are modernized, the birth certificate's legal relevance should increase because judges will be better able to defer to those documents when they have been corrected. However, until then, their legal weight in cases where a person has been unable to receive a corrected certificate should not be controlling. Eventually, the hope is that both executive agencies and the judicial system will be able to rely on birth certificates as an accurate indicator of gender.

While these changes in vital statistics laws may seem technical in nature, modernizing these laws will have important and positive human impact, and should not be avoided or delayed any longer. Given the solid legal and medical foundation for updating these laws discussed in the Article, these changes should be viewed as cost-neutral or cost-saving, based on the best science available, and rooted in the constitution. Policymakers interested in good government should take these developments seriously and make the necessary amendments immediately. ♣

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APPENDIX: LAWS AND POLICIES REGARDING GENDER CORRECTIONS FOR THE 57 U.S. JURISDICTIONS THAT ADMINISTER BIRTH CERTIFICATES

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[293]	Similar to MSVSA?[294]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[295]	Relevant Excerpt or Note
Alabama ALA. Code §§ 22-9A-19, 22-9A-21	Gender Correction in Statute	Exact Standard and Process, But Absent Privacy Protections	"sex . . . has been changed by surgical procedure"	Court	Amended	Unclear	Unclear	No	
Alaska Alaska Stat. § 18.50.290	No Specific Gender Correction Provision and No Publicly Available Policy	No	None (Judge Determines)	In practice, Court orders are accepted	Amended	Single-Line Cross Out. Alaska Administrative Code 7 AAC 05.895.	Single Line Cross Out. See Alaska Administrative Code 7 AAC 05.895	No.	See *Sources of Authority to Amend Sex Designation on Birth Certificates*, Lambda Legal, http://www.lambdalegal.org/publications/sources-of-authority-to-amend (last updated Oct. 3, 2012) (hereinafter, Lambda, *Sources of Authority*).
American Samoa Am. Samoa Code Ann. Ch. 5 § 13.0530	No Specific Gender Correction Provision and No Publicly Available Policy	No	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	A call to the Registrar of Vital Records office indicated that they do not have a policy with regard to gender corrections. The clerk suggested a court order would likely be sufficient. Telephone Interview with the American Samoa Governor's Office Registrar of Vital Records, Pago Pago, AS (December 20, 2011).

293. Gender is used here interchangeably with sex, as explained in note 44 *supra*.

294. This indicates whether the exact language of the MSVSA is used, with regard to three aspects: procedure, standard, and privacy, measured by the issuance of a new certificate.

295. Unless the statute or policy refers to "sealing" the old certificate or says it is available only by court order, it is presumed that the certificate is not sealed.

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[fn]	Similar to MSVSA?[fn]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[fn]	Relevant Excerpt or Note
Arizona Ariz. Rev. Stat. §§ 36-337, 36-323, 36-322	Gender Correction in Statute	No	"a person who has undergone a sex change operation or has a chromosomal count that establishes the sex of the person as different [than on original certificate]" must provide "a written statement by a physician that verifies the sex change operation or chromosomal count"	Administrative	Amended	Unclear	Unclear	Yes	"For a person who has undergone a sex change operation or has a chromosomal count that establishes the sex of the person as different than in the registered birth certificate, both of the following: a) A written request for an amended birth certificate from the person or, if the person is a child, from the child's parent or legal guardian; b) a written statement by a physician that verifies the sex change operation or chromosomal count." Ariz. Rev. Stat. §§ 36-337.
Arkansas Ark. Code Ann. §§ 20-18-307, 20-18-304, 20-18-305	Gender Correction in Statute	Standard and Procedure Exact, Privacy Similar	"sex . . . has been changed by surgical procedure"	Court	Amended	Kept Private	Kept Private	Unclear	"The original certificate shall be removed to a special file" Department of Health Regulation for Registration of Vital Statistics 14.7(d).
California Cal. Health & Safety Code §§ 103425-103445	Gender Correction in Statute	No	"has undergone clinically appropriate treatment for the purpose of gender transition, based on contemporary medical standards"	Court	New	Kept Private	Kept Private	Yes	
Colorado Colo. Rev. Stat. § 25-2-115, 25-2-117	Gender Correction in Statute	Exact	"sex . . . has been changed by surgical procedure."	Court	Amended	Kept Private	Unclear	Unclear	

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[284]	Similar to MSVSA?[285]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[286]	Relevant Excerpt or Note
Connecticut Conn. Gen. Stat. §§ 7-51, 19a-42, Reg. 19a-41-9(e)	Gender Correction in Both Statute and Regulations	No	From Regulations: (1) Affidavit from a licensed psychiatrist, psychologist, or clinical social worker performing a psycho-social evaluation, attesting to the fact that the registrant is socially, psychologically and mentally the designated sex; (2) Affidavit from the surgeon performing the sex change operation, attesting to the fact that the surgery was performed	Administrative	New	Kept Private	Kept Private	Yes	Standard appears in regulations, statute only refers to "gender change"
Delaware Del. Vital Statistical Regulation 10.9.4	Gender Correction Provision in Regulation only	Exact for Standard and Procedure, Differs for Privacy	"sex . . . has been changed by surgical procedure"	Court	Unclear	Kept Private	Kept Private	Unclear	
District of Columbia D.C. Code §§ 7-217, 7-219	Gender Correction in Statute	Exact for Standard and Procedure, Differs for Privacy	"sex . . . has been changed by surgical procedure"	Court	Amended	Unclear	Unclear	No	

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[284]	Similar to MSVSA?[285]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[286]	Relevant Excerpt or Note
Florida Fla. Stat. Ann. §§ 382.016, 382.025	No Specific Gender Correction Provision and No Publicly Available Policy	No	"sex reassignment surgery" See Lambda, *Sources of Authority*.	Administrative ("sworn affidavit of the physician")	Unclear	Unclear	Unclear	Unclear	"Florida Office of Vital Statistics policy allows for the change of sex designation on birth certificates upon the provision of: a completed Application for Amended Birth Certificate and notarized Affidavit of Amendment to Certificate of Live Birth; a certified copy of a court order of name change; a sworn affidavit from the physician who performed sex reassignment surgery, containing the medical license number, stating that you have completed sex reassignment in accordance with appropriate medical procedures and that you are now considered to be a member of the reassigned gender; and the required fee." Lambda, *Sources of Authority*.
Georgia Ga. Code Ann. §§ 31-10-23, 31-10-25	Gender Correction in Statute	Exact for Standard and Procedure, Minor Differences for Privacy	"sex . . . has been changed by surgical procedure"	Court	New	Kept Private	Kept Private	Unclear	"A certificate of birth amended pursuant to the provisions of Section 31-10-23(e) of the Official Code of Georgia Annotated shall be amended by preparing a new certificate. The item numbers of the entries that were amended shall not, however, be identified on the new certificate or on any certified copies that may be issued of that certificate. A new State file number shall be assigned to the new certificate. The original certificate shall be removed from the active files and placed with the order in the confidential files." Ga. Comp. R. & Regs. 290-1-3-.31.
Guam Guam Code Ann. tit. 10, § 3222	Gender Correction in Statute	No	"a sworn statement from the physician performing the surgery certifying the sex of an individual has been changed by surgical procedure"	Administrative	Amended	Single Line Cross Out. See 26 Guam Admin. R. & Regs. § 2111 (i) (3).	Unclear	No	

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[25]	Similar to MSVSA?[26]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[27]	Relevant Excerpt or Note
Hawaii Haw. Rev. Stat. §§ 338-17.7, 338-18	Gender Correction in Statute	No	"affidavit of a physician" that the person "had a sex change operation and the sex designation on the birth registrant's birth certificate is no longer correct"	Administrative	New	Kept Private	Unclear	Yes	"Upon receipt of an affidavit of a physician that the physician has examined the birth registrant and has determined the following: . . . The birth registrant has had a sex change operation and the sex designation on the birth registrant's birth certificate is no longer correct; provided that the director of health may further investigate and require additional information that the director deems necessary" Haw. Rev. Stat. § 338-17.7(4).
Idaho Idaho Code Ann. §§ 39-250, 39-270	No	No	n/a	n/a	n/a	n/a	No	n/a	Idaho does not permit gender corrections
Illinois 410 Ill. Comp. Stat. Ann. 535/17	Gender Correction in Statute	No	"affidavit by a physician that he has performed an operation on a person, and that by reason of the operation the sex designation on such person's birth record should be changed"	Administrative	New	Kept Private	Unclear	Yes	
Indiana Ind. Code Ann. §§ 34-28-2, 16-37-2-10, 16-37-1-10	No Specific Gender Correction Provision and No Publicly Available Policy	No	In Practice: Judge Determines. See Lambda, *Sources of Authority*.	In Practice: Court. See Lambda, *Sources of Authority*.	Unclear	Unclear	Unclear	Unclear	Lambda Legal indicates that a court order is required. See Lambda, *Sources of Authority*.

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[284]	Similar to MSVSA?[285]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[286]	Relevant Excerpt or Note
Iowa Iowa Code §§ 144.23, 144.39, 144.24	Gender Correction in Statute	No	"notarized affidavit by a licensed physician and surgeon or osteopathic physician *and surgeon stating* that by reason of surgery or other treatment by the licensee, the sex designation of the person has been changed"	Administrative	New	Kept Private. See also, IA Admin. Code 641-100.7.	Likely Private but Unclear. See IA Admin. Code 641-100.7	Yes. IA Admin. Code 641-100.7	"The original certificate and the evidence upon which it was based are to be sealed and placed in a special file. The state registrar may inspect such sealed information for purposes of properly administering the *vital statistics program*. IA Admin. Code 641—100.7. Note that information provided over the phone indicates that surgery is required, despite the broader statutory language. See also, Iowa Code 144.24; Iowa Admin. Code r. 641-100.7.
Kansas Kan. Stat. Ann. §§ 65-2422a, 65-2422d; Kan. Admin. Regs. § 28-17-20(b)(1)(A)(i)	Gender Correction in Regulation only	No	Regulation: "with a medical certificate substantiating that a physiological or anatomical change occurred"	Administrative	Amended	Unclear	Kept Private	Unclear	
Kentucky Ky. Rev. Stat. Ann. §§ 213.121, 213.136	Gender Correction in Statute	Standard Exact, Process Different, No Privacy Provision	"sworn statement by a licensed physician indicating that the gender of an individual. . . has been changed by surgical procedure"	Administrative	Amended	Unclear	Unclear	Unclear	

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[38]	Similar to MSVSA?[39]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[40]	Relevant Excerpt or Note
Louisiana La. Rev. Stat. Ann. §§ 40:41, 40:60, 40:62	Gender Correction in Statute	No	"such proof as [the court] deems necessary to be convinced that the petitioner was properly diagnosed as a transsexual or pseudo-hermaphrodite, that sex reassignment or corrective surgery has been properly performed upon the petitioner, and that as a result of such surgery and subsequent medical treatment the anatomical structure of the sex of the petitioner has been changed" La. Rev. Stat. Ann. §§ 40:62.	Court	New	Kept Private	Unclear	Yes	

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[a]	Similar to MSVSA?[b]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[c]	Relevant Excerpt or Note
Maine Me. Rev. Stat. Ann. §§ 2705, 2706, 10.146.2 Me. Code R. § 6-11	Gender Correction in Regulation only	No	"sex has been changed by surgical procedure" and "a notarized affidavit by the physician who performed the surgical procedure"	Administrative	New	Kept Private	Kept Private	Yes	"1. A new birth certificate showing only the new information shall be prepared when a legal change of sex has been established in accordance with section 11 of this chapter. [. . .] 3. When a new certificate is prepared pursuant to this subsection, the original certificate shall be held confidential and only the registrant or his or her other legal representative shall have access to the original record, except by court order. [. . .] Certificates established under this section shall not be regarded as amended." 10.146.2 Me. Code R. § 6-11.
Maryland Md. Code Ann., Health-Gen. §§ 4-214, 4-217, 4-224	Gender Correction in Statute	Exact for Standard and Procedure, Differs for Privacy	"the sex . . . has been changed by surgical procedure"	Court	Amended	Single-line cross out	Single-line cross out	No	"D. (1) To amend or correct data other than the name on a birth certificate, the following documents and information shall be submitted: [. . .] (d) For sex changed by surgery, a court order shall be submitted specifying that the sex of the individual has been changed and directing the Secretary to change the data concerning the sex of the individual, and any other relevant data. E. (1) Amendments and corrections under this regulation shall be made by: (a) Placing a line through the original data and entering new data in black ink; or (b) Entering the amendment or correction on electronic media." Md. Code Regs. 10.03.01.02

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[284]	Similar to MSVSA?[285]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[286]	Relevant Excerpt or Note
Massachusetts Mass. Gen. Laws Ch. 46, §§ 13, 17C	Gender Correction in Statute	No	"has completed sex reassignment surgery, so-called," and " a physician's notarized statement that the person named on the birth record has completed sex reassignment surgery"	Administrative	Amended	Unclear	Unclear	Unclear	
Michigan Mich Comp. Laws §§ 333.2831, 333.2882, 333.2872	Gender Correction in Statute	No	"an affidavit of a physician certifying that sex-reassignment surgery has been performed"	Administrative	New	Kept Private	Unclear	Yes	
Minnesota Minn. Stat. §§ 144.218, 144.225	No Specific Gender Correction Provision and No Publicly Available Policy	No	Judge determines for Court order, Agency requires surgery if no court order	Either	New	Kept Private	Kept Private	Yes	Changing Gender on a Minnesota Birth Record, Minnesota Dep't of Health (on file with author).
Mississippi Miss. Code Ann. §§ 41-57-21, 41-57-2; 15-4 Miss. Code R. §1:106.	Gender Correction in Regulation only	No	"Gender reassignment"	Court	Amended	Not Private	Not Private	No	"Gender reassignment shall be added to the birth certificate as a marginal notation, upon receipt of a certified court order, a medical statement that attests to the reassignment." 15-4 Miss. Code R. §1:106.

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[284]	Similar to MSVSA?[285]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[286]	Relevant Excerpt or Note
Missouri Mo. Rev. Stat. § 193.215	Gender Correction in Statute.	Exact for Standard and Procedure, Differs for Privacy	"sex . . . has been changed by surgical procedure"	Court	Amended	Single-Line Cross Out	Single Line Cross Out	No	"The original certificate/office working copy of the birth, death or fetal death shall have the correction entered on its face by interlineation with a line drawn through the incorrect entries. It shall be marked amended. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made part of the record." 19 Mo. Code Regs. 10-10.110.
Montana Mont. Code Ann. §§ 50-15-204; Mont. Admin. R. 37.8.111(5)	Gender Correction in Regulation only	Exact for Standard and Procedure, Differs for Privacy	"sex of an individual born in Montana has been changed by surgical procedure"	Court	Depends on Instructions in Court Order	Depends on Instructions	Depends on Instructions	Unclear	"(5) The sex of a registrant as cited on a certificate may be amended only if the department receives a certified copy of an order from a court with appropriate jurisdiction indicating that the sex of an individual born in Montana has been changed by surgical procedure. The order must contain sufficient information for the department to locate the record. If the registrant's name is also to be changed, the court order must indicate the full name of the registrant as it appears on the original birth certificate and the full name to which it is to be altered. If the order from the court directs the issuance of a new certificate that does not show amendments, the new certificate will not indicate on its face that it was altered. If the sex of an individual was listed incorrectly on the original certificate, refer to ARM 37.8.108." Mont. Admin R. 37.8.311.

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[88]	Similar to MSVSA?[89]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[90]	Relevant Excerpt or Note
Nebraska Neb. Rev. Stat. §§ 71-604.01, 71-602	Gender Correction in Statute	No	"a notarized affidavit from the physician that performed sex reassignment surgery"	Administrative	New	Kept Private	Kept Private	Yes	"Upon receipt of a notarized affidavit from the physician that performed sex reassignment surgery on an individual born in this state and a certified copy of an order of a court of competent jurisdiction changing the name of such person, the department shall prepare a new certificate of birth in the new name and sex of such person in substantially the same form as that used for other live births. The evidence from which the new certificate is prepared and the original certificate of birth shall be available for inspection only upon the order of a court of competent jurisdiction." Neb. Rev. Stat. § 71-604.01.
Nevada Nev. Admin. Code § 440.130	Gender Correction in Regulation only	No	"having a sexual transformation"	Court	New	Depends on Instructions in Court Order	Depends on Instructions	Unclear	"1. The State Registrar may prepare a new certificate of birth for a person having a sexual transformation only upon order of a court of competent jurisdiction. 2. The court order must specify those facts to be changed on the new certificate. All other items must remain as on the original certificate."
New Hampshire N.H. Rev. Stat. Ann. §§ 5-C:87, 5-C:88, 5-C:9	Gender Correction in Statute	No	"such individual . . . has had a sex change"	Court	New (in effect)	Kept Private	Unclear	Likely, in effect	"II. The clerk of the town or city shall: replace the original record with the amended birth record; retain the originally assigned file number; retain the original record attached to the amended record; prepare an amended birth record using the form appropriate for the year of birth; and forward the amended birth record to the division. III. The clerk of the town or city shall use the amended record for all future inquiries to the record." N.H. Rev. Stat. Ann. § 5-C:88.

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Jurisdiction / Citation	Statute, Regulation or Publicity Available Policy Relating to Gender Corrections?[32]	Similar to MSVSA?[33]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[34]	Relevant Excerpt or Note
New Jersey N.J. Stat. Ann. §§ 26:8-40.12, 26:8-40.23	Gender Correction in Statute	Exact in Standard, Different in Procedure, Similar in Privacy	"a medical certificate from the person's licensed physician which indicates the sex of the person has been changed by surgical procedure"	Administrative	New (in effect)	Kept Private	Kept Private	Yes	"The State registrar shall issue an amended certificate of birth to a person born in this State who undergoes sex reassignment surgery and requests an amended certificate of birth which shows the sex and name of the person as it has been changed. The State registrar shall place the original certificate of birth and all papers pertaining to the amended certificate of birth under seal. The seal shall not be broken except by order of a court of competent jurisdiction. Thereafter, whenever a certified copy of the certificate of birth is prepared, it shall be made from the amended certificate of birth, except when an order of a court of competent jurisdiction requires that a certified copy be made of the original certificate of birth." N.J. Stat. Ann. §§ 26:8-40.12.
New Mexico N.M. Stat. Ann. §§ 24-14-25, 24-14-27	Gender Correction in Statute	Exact for Standard Differs for Process, Absent Regulations on Privacy	"a statement signed under penalty of perjury by the person in charge of an institution or from the attending physician indicating that the sex of an individual born in this state has been changed by surgical procedure"	Administrative	Amended	Unclear	Unclear	No	"A certificate or report that is amended under this section shall be marked 'amended', except as otherwise provided in Subsection C of this section. The date of the amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made a part of the record. The department shall prescribe by regulation the conditions under which additions or minor corrections may be made to certificates or records within one year after the date of the event without the certificate or record being marked 'amended'." N.M. Stat. Ann. § 24-14-25.

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[32]	Similar to MSVSA?[33]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[34]	Relevant Excerpt or Note
New York N.Y. Pub. Health Law § 4138	Gender Correction in Written Policy	No	"sex reassignment surgery"	Administrative	Unclear	Unclear	Kept Private	Unclear	"The New York State Department of Health, Vital Records Division has a policy providing for the change of sex designation on birth certificates upon the receipt of a completed application; a letter from the surgeon specifying date, place, and type of sex reassignment surgery performed; an operative report from the sex reassignment surgery; and some additional medical documentation." Lambda, *Sources of Authority*.
New York City 24 RCNY Hlth. Code § 207.05(a)(5)	Gender Correction in Regulations only	No	"proof satisfactory to the Department has been submitted that such person has undergone convertive surgery"	Administrative	New	Kept Private	Kept Private	Yes	
North Carolina N.C. Gen. Stat. §§ 101-2, 130A-118, 130A-93	Gender Correction in Statute	No	"a notarized statement from the physician who performed the sex reassignment surgery or from a physician licensed to practice medicine who has examined the individual and can certify that the person has undergone sex reassignment surgery"	Administrative	New	Kept Private	Unclear	Yes	

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[255]	Similar to MSVSA?[256]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[257]	Relevant Excerpt or Note
North Dakota N.D. Cent. Code §§ 23-02.1-25, 23-02.1-27; N.D. Admin. Code 33-04-12-02(1)	Gender Correction in Regulation only	No	"has undergone a sex conversion operation" and "an affidavit by a physician that the physician has performed an operation on the person, and that by reason of the operation, the sex designation of such person's birth record should be changed"	Administrative	Amended	Unclear	Unclear	Yes	
Northern Mariana Islands 2006 N. Mar. I. Pub. L. 15-50	Gender Correction in Statute	Exact for Standard and Process, Unclear for Privacy	"sex. . . has been changed by surgical procedure"	Court	Amended	Unclear	Unclear	Unclear	Northern Mariana Islands adopted much of the MSVSA in whole in 2006, including the gender correction provisions, but not the Model Regulations, which would specify how the amendments are executed and whether they are kept private. Telephone Interview with Northern Mariana Islands Dep't of Public Health in Saipan, MP. (Dec. 20, 2011).
Ohio Ohio Rev. Code Ann. §§ 3705.13, 3705.22, 3705.23	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Ohio does not permit gender corrections on certificates. Lambda, *Sources of Authority*.
Oklahoma Okla. Stat. Ann. §§ 1-321, 1-323	No Specific Gender Correction Provision and No Publicly Available Policy	No	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[285]	Similar to MSVSA?[286]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[287]	Relevant Excerpt or Note
Oregon Or. Rev. Stat. §§ 432.235, 432.121	Gender Correction in Statute	Exact for Standard and Process, Absent Regulations on Privacy	"sex. . . has been changed by surgical procedure"	Court	Amended or New, in Discretion of Agency	Unclear	Unclear	Unclear	
Pennsylvania 35 Pa. Cons. Stat. §§ 450.603, 450.801, 450.804	No Specific Gender Correction Provision and No Publicly Available Policy	No	In practice, surgery if going to the agency directly, and for a court order, the judge determines	Either	Unclear	Unclear	Unclear	Unclear	"Although not specifically mentioned in the statute, the Division of Vital Records will issue a revised birth certificate upon court order or submission of a letter from the treating physician stating that reassignment surgery has been performed." Lambda, *Sources of Authority*.
Puerto Rico P.R. Laws. Ann. tit. 3 § 177	No	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Puerto Rico does not permit gender corrections. See *Ex Parte Alexis Delgado*, 2005 TSPR 095, in which the Puerto Rico Supreme Court denied a corrected gender marker.
Rhode Island R.I. Gen. Laws §§ 23-3-21, 23-3-23	No Specific Gender Correction Provision and No Publicly Available Policy	No	In practice, surgery	Administrative	Unclear	Unclear	Will be marked Amended, but old name will not appear	Unclear	"For changes to the sex designation on birth certificates, the Office of Vital Records has a policy requiring a notarized statement from the hospital or clinic where surgery was performed, signed by the physician in charge of the surgery. The amended certificate will state only that the name has been amended; it will not show the former name." Lambda, *Sources of Authority*.
South Carolina S.C. Code Ann. §§ 44-63-150, 44-63-80	No Specific Gender Correction Provision and No Publicly Available Policy	No	Unclear	Unclear	Amended by Attaching a Special Form	Not Private	Not Private	No	"South Carolina will issue an amendment as an attachment to the original birth certificate." Lambda, *Sources of Authority*.

Zzyym v. Tillerson - AR 0313

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[2m]	Similar to MSVSA?[2m]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[2m]	Relevant Excerpt or Note
South Dakota S.D. Codified Laws §§ 34-25-51, 34-25-16.5, 34-25-52, 34-25-52.6	No Specific Gender Correction Provision and No Publicly Available Policy	No	None (in practice, Judge determines)	In Practice, Court	In practice, generally new	In practice, generally kept private	In practice, generally kept private	Yes	"South Dakota's Registrar will follow any instructions in a court order. The general practice of the registrar is to issue a new certificate with no indication of amendment." Lambda, *Sources of Authority*.
Tennessee Tenn. Code Ann. § 68-3-203(d)	Gender Correction Prohibited in Statute	n/a	n/a	n/a	n/a	n/a	n/a	n/a	"The sex of an individual shall not be changed on the original certificate of birth as a result of sex change surgery."
Texas Texas Health & Safety Code Ann. §§ 192.010, 192.011	No Specific Gender Correction Provision and No Publicly Available Policy	No	Unclear	Unclear	Unclear	Unclear	Unclear	Unclear	"Anecdotal reports now indicate that some officials refuse to correct the sex designation on transgender people's birth certificates, although judges may order such a change." Lambda, *Sources of Authority*.
U.S. Virgin Islands V.I. Code Ann. tit. 19 § 806	No Specific Gender Correction Provision and No Publicly Available Policy	No	Judge Determines	Court	Unclear	Unclear	Unclear	Unclear	Telephone interview with US Virgin Islands Department of Health in Christiansted, VI. (Dec. 21, 2011).
Utah Utah Code Ann. § 26-2-11, 26-2-22	Gender Correction in Statute	No	"has a . . . sex change approved by an order of a Utah district court or a court of competent jurisdiction"	Court	Amended	Unclear	Unclear	No	"the state registrar shall review the application, and if complete, register it and note the fact of the amendment on the otherwise unaltered original certificate" Utah Code Ann. § 26-2-11.

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections[288]	Similar to MSVSA?[289]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[290]	Relevant Excerpt or Note
Vermont Vt. Stat. Ann. tit. 18 § 5112	Gender Correction in Statute	No	"the individual has undergone surgical, hormonal, or other treatment appropriate for that individual for the purpose of gender transition"	Court	New	Kept Private	Kept Private	Yes	

Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[84]	Similar to MSVSA?[85]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[86]	Relevant Excerpt or Note
Virginia Va. Code Ann. §§ 32.1-269, 32.1-271; 12 Va. Admin. Code § 5-550-320	Gender Correction in Statute and Regulations	No	Statute: "sex . . . has been changed by medical procedure." Regulations: "upon presentation of acceptable evidence (preoperative diagnosis, postoperative diagnosis and description of procedure) and a notarized affidavit from the physician performing the surgery, a new certificate of birth may be prepared by the State Registrar for a person born in this Commonwealth whose sex has been changed by surgical gender reassignment procedure" as well as "A certified copy of the court order changing the name of the registrant as well as designating the sex of the registrant"	Court with additional reqs. from the Registrar	Amended according to Statute, although Regulation indicates that a New certificate will be issued	Unclear	Unclear	Unclear	

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Jurisdiction / Citation	Statute, Regulation or Publicly Available Policy Relating to Gender Corrections?[284]	Similar to NSVSA?[285]	Legal Standard	Process	New or Amended	Method of Gender Amendment	Method of Name Amendment	Sealed?[286]	Relevant Excerpt or Note
Washington State Dep't of Health, Center for Health Statistics Procedure CHS-85, pursuant to Wash. Rev. Code § 43.70.150	Gender Correction in Written Policy	No	Policy: "a letter, on letterhead, from the requestor's medical or osteopathic physician stating that the requestor has had the appropriate clinical treatment"	Administrative	Unclear	Unclear	Unclear	Medical letter is sealed, unsure regarding original certificate	This procedure was developed by the Washington Secretary of Health pursuant to Wash. Rev. Code § 43.70.150.
West Virginia W. Va. Code §§ 16-5-25, 16-5-27	No Specific Gender Correction Provision and No Publicly Available Policy	No	In practice, surgery is required if going directly to the agency, and the judge determines in the case of a court order	Either	Amended	Unclear	Unclear	Unclear	"The practice of the State Registrar is to issue an amended birth certificate upon submission of either a court order or a notarized statement from the treating physician that reassignment surgery has been completed." Lambda, *Sources of Authority*.
Wisconsin Wis. Stat. Ann. §§ 69.15, 69.20, 69.21	Gender Correction in Statute	No	"a surgical sex-change procedure"	Court	Depends on Instructions in Court Order	Depends on Court Order	Depends on Court Order	Yes, if new certificate issued	
Wyoming Wyo. Stat. Ann. §§ 35-1-424, 35-1-426; 10 Wyo. Code R. § 4(e)(iii)	Gender Correction in Regulation only	No	"when the sex of an individual has been changed"	Court	Amended (Unless Court Order Specifies Otherwise)	Not Private (Unless Court Order Specifies Otherwise)	Not Private (Unless Court Order Specifies Otherwise)	No	"Unless other specified by court order, the amended certificate will show all changes that have been made." Lambda, *Sources of Authority*.

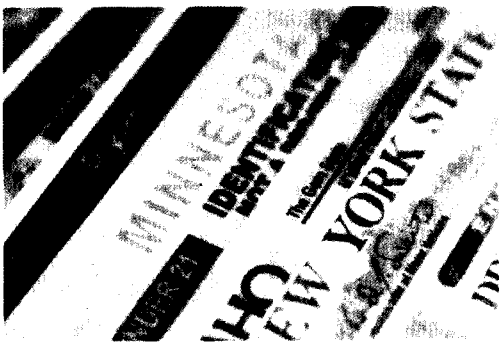
Zzyym v. Tillerson - AR 0317

AAMVA

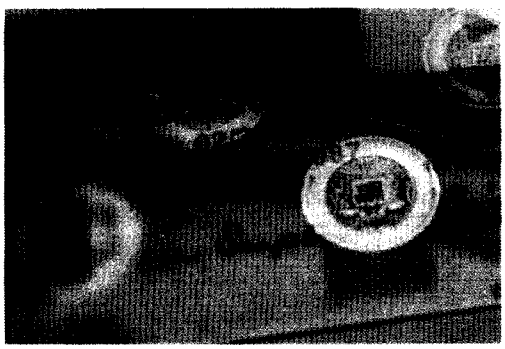
American Association of Motor Vehicle Administrators

Documentation Guide

Gender *ID Card* Designation



Resource Guide on Gender Designation on Driver's Licenses and Identification Cards



September 2010

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Chapter One Introduction

Jurisdictions across the United States and Canada have a range of policies and procedures for serving customers who seek to change the gender designation on a driver's license or identification card (DL/ID). The policies vary in the language used, the documentation required, and the procedure for requesting a change. In recent years, member jurisdictions have contacted the American Association of Motor Vehicle Administrators (AAMVA) to gain insight into how other jurisdictions handle this service. Thus, the concept of creating a resource guide on gender designation changes on DL/ID was formed, and the Gender Designation Working Group (GDWG) was created. What follows is a resource guide summarizing jurisdictions' policies and procedures.

Chapter Two Trends of Driver's License Gender Change Policies

The general trend in recent years is jurisdictions replacing requirements to submit proof of surgical treatment with standards that focus on the gender in which individuals live in their daily lives, as affirmed by a medical provider, mental health provider, or social worker. A second modernization trend is simplified forms applicants must complete in lieu of a letter from a provider. The form approach streamlines the process for both applicants and State Driver License Agency (SDLA) staff, saving time and money, and reduces the jurisdiction's liability in holding customers' private medical information.

Chapter Three Key Features of Jurisdictional Gender Designation Change Policies

Key features of gender change procedures in jurisdictions that have recently updated their approach to permit changing the gender designation on a government-issued DL/ID include the following:

1. An easy-to-understand gender designation change form submitted by the applicant
2. No requirement of surgery or other specified treatment
3. No requirement of a court order or amended birth certificate
4. Attestation of the gender identity of the applicant which can be signed by one of a variety of licensed providers
5. Acceptance of an updated passport, birth certificate, or identification card issued by another government agency as an alternative to the provider certification
6. Guidance and sensitivity training for agency personnel on protecting private information relating to gender changes

It is useful to note that there are many types of licensed providers who are qualified to provide treatment to, and are in a position to evaluate the gender identity of, transgender individuals. The expansion of this field of expertise has offered jurisdictions a broader range of licensed health care providers who may certify an applicant's gender designation. The licensing of each type of provider ensures the integrity of provider certifications of gender change and ensures all certifying providers are professionally and legally accountable for the information they submit. Jurisdictions considering changes to their guidance, materials, or training have found it helpful to meet with their medical advisory boards and outside interest groups for additional insight. Types of medical providers that have been recognized in this field include:

- Physician
- Physician assistant
- Psychologist
- Nurse practitioner
- Clinical social worker
- Marriage family therapist
- Psychiatric social worker
- Social worker

Chapter Four Conclusion

The working group has recommended providing this resource guide on the range of approaches jurisdictions use when serving customers who apply to make a gender designation change on government-issued DL/IDs. The reference table is followed by examples of policies that have been modified in recent years.

Examples of simplified gender designation change forms are included as an appendix to the resource guide. The use of the provider certification form assures validity because it documents the provider's license, streamlines the process, and reduces the risk of disclosure of personal information and medical records.

Appendix A Examples of Jurisdictional Gender Designation Change Forms

Gender Designation Form

DMV DISTRICT OF COLUMBIA

PART ONE: TO BE COMPLETED BY APPLICANT

Last Name	First Name	Middle Name	Social Security Number

Street Address	City/State	Zip Code	License/Identification Number
	Washington, D.C.		

I, _____ wish to designation the gender on my
(print name)

driver's license or identification card to read: circle one: **Male** **Female**

I hereby certify under penalty of law that this request for gender designation is for the purpose of ensuring my driver's license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: _____ Date: _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY

Provider Last Name	Provider First Name	Provider Title

Provider Organization Name (if applicable)

Provider Street Address	City	State	Zip Code

Provider Phone	Provider E-mail	Provider Organization or Professional License Number

I am a:

- ☐ Physician
- ☐ Licensed therapist or counselor
- ☐ Case worker or social worker
- ☐ Other. Please specify:

In my professional opinion, the applicant's gender identity is (circle one): **Male** **Female** and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

Signature: _____ Date: _____

Any person using a fictitious name or address and/or knowingly making any false statement on this application is in violation of D.C. Law and subject to a fine of not more than $1,000 or 180 days imprisonment or both. (D>C. Official Code §22-2405).

To report waste, fraud and abuse by any DC Government agency or official, call the DC Inspector General at 1-800-521-1639 Ver. 11 2006

DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES

GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD

PROCEDURE FOR CHANGING GENDER DESIGNATION ON DRIVER'S LICENSE OR IDENTIFICATION CARD

Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
- Submit a completed Gender Designation form; and
- Pay applicable fees for new or amended license. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

Until the Department of Motor Vehicles is able to provide all employees comprehensive training on this procedure, gender designation applications should be directed to DMV service center managers.

PRIVACY OF INFORMATION RELATING TO GENDER DESIGNATION

The Gender Designation form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy Protection Act.

MATCHING GENDER DATA FROM OTHER SOURCES

DMV will change the gender designation on an applicant's license or identification card contingent on the submission of the fully and accurately completed Gender Designation form. The applicant is not required to have changed his or her gender designation on other forms of identification.

CHANGE OF NAME

Name changes related to gender are completed via submission of appropriate court documents and must also be reflected on the Social Security card.

DMV. Ver. 11/2006

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES

CERTIFICATION FOR CHANGE OF SEX DESIGNATOR ON DRIVER LICENSE OR IDENTIFICATION CARD

This certification must be accompanied by one of the following:

- Application for a Non-Commercial Alaska Driver License, Permit or Identification Card (Form 478) or
- Application for a Commercial Driver License (Form 415) and Commercial Driver Medical and Self Certifying Verification (Form 413)

If one of the following documents can be provided section B and C of this form are not required.

- Amended Birth Certificate
- Valid US Passport
- Court Order issued by a court in the United States granting change of sex or gender

THIS FORM MUST BE COMPLETED IN FULL AND MUST BE COMPLETED IN BLACK OR BLUE INK.

A	APPLICANT INFORMATION AND SEX DESIGNATION STATEMENT			
FULL LEGAL NAME:	First	Middle	Last	Suffix

ALASKA DL or ID number	Date of Birth	I wish the sex designation on my Driver License/ID Card to read:
		☐ Male ☐ Female _____ Signature

B PATIENT MEDICAL RELEASE AUTHORIZATION

I _____, authorize the licensed provider listed in section C to release information related to this request. I hereby certify under penalty of unsworn falsification that this request for the selected sex designation to appear on my driver's license/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

X _____ Signature _____ Date

C LICENSED PROVIDER CERTIFICATION
This section must be completed in full by a licensed physician in medicine or osteopathy, social worker, psychologist, professional counselor, physician assistant or advanced nurse practitioner.

Patient Name	Provider Full Name
Provider Address	Telephone Number
Professional License Number	License-Issuing Jurisdiction

I am a licensed ☐ physician in medicine or osteopathy ☐ social worker ☐ psychologist ☐ professional counselor ☐ physician assistant ☐ advanced nurse practitioner

I hereby certify under penalty of unsworn falsification that I am a licensed provider in the field checked above. I have treated the applicant or reviewed and evaluated the medical history of the applicant with regard to the condition necessitating the requested change of sex designator on the driver license or ID card. The applicant has had appropriate clinical treatment for the condition necessitating the change and the change is expected to be permanent. The applicant's gender identification is ☐ Male ☐ Female.

X _____ Provider Signature
X _____ Provider Printed Name and Title
_____ Date

THE PROVIDER SIGNATURE MUST BE ORIGINAL AND MAY NOT BE STAMPED OR IN AN ELECTRONIC FORMAT.

DMV Use Only	• Amended Birth Certificate	• Valid US Passport	• US Court Order
	Jurisdiction: _____	Number : _____	Jurisdiction: _____

For questions or information on changing the sex designator on a license please contact:

Anchorage Driver Licensing
1300 W. Benson Blvd, Suite 100
Anchorage, Alaska 99503
(907) 269-3770 Phone
(907) 269-3774 Fax

Form 427 (Rev. 08/12) **Alaska.gov/dmv**

DR 2083 (04/15/15)
Colorado Department of Revenue
PO Box 173350
Denver CO 80217-3350

Medical Information Authorization
(Change of Sex Identification)

Name	DL/ID Number	Date
Address	City	ZIP
Previous Name (if name change is concurrent)		

To Be Completed By Licensed Colorado Physician

Physician (Please print)	Colorado Medical License Number

Based on the patient's gender identity and full time gender role expression, or on prior completion of medical sex reassignment, my professional opinion is that the person's gender is:

☐ Male ☐ Female

A complete examination form for this person is on file in my office at:

Address	City	ZIP
Signature of Physician		Date

Attention Physician: please return this form to the subject for inclusion with their driver's license or identification card application.

To Be Completed by Applicant

I hereby authorize my physician to answer the above questions and submit information to the Division of Motor Vehicles, relating to my gender identification, for the purpose of obtaining a driver's licence or identification card under my preferred gender.

I understand that information received by the Division will be held in strict confidence per Colorado Revised Statute 42-2-121 and the federal Driver's Privacy Protection Act, Section 2721.

By signing below, I hereby affirm under the penalty of second degree perjury CRS 18-8-503(1) that the information provided above is my own and the above statements are true. I understand that it is a criminal offense to knowingly submit false information to the Colorado Department of Revenue, punishable by fines, incarceration, and/or loss of driving privileges or identification card.

Signed	Date

GENDER DESIGNATION CHANGE FORM
B-372 New 10-2013

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv

The DMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable.
You must surrender the existing driver's license or ID Card that is to be amended.

PART 1: TO BE COMPLETED BY APPLICANT *(Name on current Driver's License/ID or Identity documents)*

LAST NAME	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER

STREET ADDRESS	CITY/TOWN	ZIP CODE	DRIVER'S LICENSE/ID NUMBER

Gender Designation Statement:

I, _____ wish the gender designation on my
(print name from above)

Driver's License/ID Card to read (circle one): **MALE** **FEMALE**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

LAST NAME	FIRST NAME	TITLE

PROVIDER'S ORGANIZATIONAL NAME *(If applicable)*

PROVIDER'S STREET ADDRESS	CITY	STATE	ZIP CODE

PROVIDER'S TELEPHONE NUMBER	PROVIDER'S E-MAIL	PROVIDER'S PROFESSIONAL LICENSE NUMBER AND STATE

I am licensed as a: ☐ **PHYSICIAN** ☐ **THERAPIST OR COUNSELOR** ☐ **PSYCHIATRIC SOCIAL WORKER**

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

MALE **FEMALE** and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

SIGNATURE	DATE
X	

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes.

REQUEST FOR GENDER CHANGE ON DRIVER LICENSE/IDENTIFICATION CARD

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

DMV Delaware Division of Motor Vehicles

Customer: Please complete Sections A, B, C, and D.

A - DRIVER INFORMATION

DRIVER LICENSE NUMBER	LAST NAME(S)	SUFFIX

FIRST NAME	MIDDLE NAME

DATE OF BIRTH			DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (if applicable)
MONTH	DAY	YEAR		

Please check the product(s) you currently have:

☐ Class D Driver License ☐ Commercial Driver License ☐ Identification Card

B - GENDER DESIGNATION STATEMENT

I, _____ (Applicant's Full Name), wish the gender designation on my driver license/ID card to read:

☐MALE ☐FEMALE

C - TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

PROVIDER'S LAST NAME	PROVIDER'S FIRST NAME	PROVIDER'S TITLE

PROVIDER'S ORGANIZATION	STATE MEDICAL LICENSE #	STATE LICENSED IN

PROVIDER'S STREET ADDRESS

CITY	STATE	ZIP

I am a licensed: ☐ Physician ☐ Therapist/Counselor ☐ Social Worker

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is ..... ☐ Male ☐ Female and can reasonably be expected to continue as such for the foreseeable future.

I certify, under the penalty of perjury, that the foregoing medical or social service provider information on this application is true and correct.

PROVIDER'S SIGNATURE: _____ DATE: _____

D - AUTHORIZATION AND CERTIFICATION

I certify, under the penalty of perjury, that the information on this application is true and correct to the best of my knowledge, that this request for the selected gender designation to appear on my driver license/ID card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose, and that I am a bona fide resident of Delaware.

APPLICANT'S SIGNATURE: _____ DATE: _____

E – TO BE COMPLETED BY THE DIVISION OF MOTOR VEHICLES

APPROVING SUPERVISOR/SENIOR NAME: _____

APPROVING SUPERVISOR/SENIOR SIGNATURE: _____ DATE: _____

MV2020
08/11

GENDER DESIGNATION FORM

PART ONE: TO BE COMPLETED BY APPLICANT

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City/State _____ Zip Code _____ Driver's License Number _____

I, _____ wish to designate the gender on my
(Print name)

Driver's license card to read: circle one Male Female

I hereby certify under penalty of law that this request for gender designation is for the purposes of ensuring my driver's license accurately reflects my gender identity and is not for any fraudulent or other unlawful purposes.

Signature: _____ Date: _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL AUTHORITY

Provider Last Name _____ Provider First Name _____ Provider Title _____

Provider Organization Name (if applicable) _____

Provider Street Address _____ City _____ State _____ Zip Code _____

Provider Phone _____ Provider E-mail _____ Provider Organization or Professional License Number _____

I am a:

__ Physician
__ Licensed Psychiatrist
__ Licensed Clinical Social Worker
__ Licensed Mental Health Counselor
__ Advanced Nurse Practitioner
__ Psychiatric Nurse Practitioner
__ Licensed Psychologist
__ Licensed Clinical Social Worker
__ Licensed Marriage and Family Therapist
__ Licensed Social Worker
__ Physician Assistant

In my professional opinion, the applicant's gender is (circle one): Male Female and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

Signature: _____ Date: _____

GENDER DESIGNATION FORM

The Maine Bureau of Motor Vehicles can only accept original forms with original signatures. Photocopies and faxes are not acceptable.

You must surrender the existing license or ID card that is to be amended.

Part I: TO BE COMPLETED BY APPLICANT (Name on current license or ID)

Last Name	First Name	Middle	Social Security #

Street Address	City/Town	Zip Code	License/ID #

Gender Designation Statement

I _____ request the gender designation on my
(print name from above)

Driver's License/ID Card to read (circle one): **Male** **Female**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: _____ Date: _____

(False statements may be punishable by fine, imprisonment, or both)

Part II: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

Provider's Last Name	Provider's First Name	Title

Provider's Organizational Name (if applicable)

Provider's Street Address	City	State	Zip

Provider's Tel.#	Provider's E-mail	Provider's Professional License # and State

I am licensed as a: ☐ Physician ☐ Therapist or Counselor ☐ Social Worker

☐ Other (Qualified Professional – please specify)

_____

In my professional opinion, the applicant's gender identity is (circle one): **Male** **Female** and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify, under the penalty of perjury that the foregoing information is true and correct.

Signature: _____ Date: _____

(False statements may be punishable by fine, imprisonment, or both)

Bureau of Motor Vehicles, License Services Division
29 State House Station, Augusta, ME 04333-0029
Telephone: (207)624-9000 ext. 52114 TTY Users call Maine relay 711

Updated 01/2013

MASSACHUSETTS GENDER DESIGNATION CHANGE FORM

Registry of Motor Vehicles
P.O. Box 55889
Boston, MA 02205-5889

The RMV can only accept original forms with original signatures. Photocopies and faxes are not acceptable.
You must surrender the existing license or ID Card that is to be amended

PART 1: TO BE COMPLETED BY APPLICANT (Name on current License/ID or Identity documents)

Last Name	First Name	Middle	Social Security #

Street Address	City/Town	Zip Code	License/ID #

Gender Designation Statement:

I, _____ wish the gender designation on my
(print name from above)

Driver's License/ID Card to read (circle one): **Male** **Female**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature _____ Date:_____

(False statements are punishable by fine, imprisonment, or both. (MGL Chapter 90, Section 24)

PART 2: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

Last Name	First Name	Title

Provider's Organizational Name (if applicable)

Provider's Street Address	City	State	Zip

Provider's Tel. #	Provider's E-mail	Provider's Professional License # and State

I am licensed as a: ☐ Physician ☐ Therapist or Counselor ☐ Psychiatric Social Worker

☐ Other (please describe)_____

My practice includes the treatment and counseling of persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

Male **Female** and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Signature: _____ Date:_____

(False statements are punishable by fine, imprisonment, or both. (MGL Chapter 90, Section 24)

RMV Use Only:

ALARS ID #:_____ Batch #:_____ Date:_____

T21816-0308

New Jersey
Motor Vehicle Commission

Declaration of Gender Designation Change for New Jersey Motor Vehicle Commission (MVC) Driver License or Identification Card

PART ONE: TO BE COMPLETED BY APPLICANT

Name: Last	First	M I	Date of Birth
Street Address	**City/State**	**Zip Code**	**License/ Identification Number**

I _____ wish to change the gender designation on my
(print name)
driver license/identification card to read: **M** or **F** (circle one).

I hereby certify, under penalty of law, that this request for change of sex designation is for the purpose of making my driver license/identification card reflect my gender identity, and is not for fraudulent or other unlawful purposes.

Signature: _____ Date: _____

Note: You must surrender your current driver's license or identification card and obtain a duplicate for the standard fee of $11.00. In order to change a name on a driver license or identification card, you will need to follow **MVC** procedures, available at any motor vehicle agency/regional service center or online at www.njmvc.gov.

PART TWO: TO BE COMPLETED BY LICENSED MEDICAL OR SOCIAL SERVICE PROVIDER

Provider Last Name	Provider First Name	Provider Title

Provider Organization Name (if applicable)

Provider Street Address	City	State	Zip Code

Provider Phone	Provider Email	Provider Organization or Professional License Number

I am a licensed:

- ☐ Physician
- ☐ Therapist or Counselor
- ☐ Social Worker
- ☐ Other (please describe) _____

My practice includes assisting, counseling or treating persons with gender identity issues, including the applicant named herein, and in my professional opinion, the applicant's gender identity is (circle one):

Male **Female** and can reasonably be expected to continue as such for the foreseeable future

I hereby certify, under penalty of law, that the foregoing information is true and correct.

Signature: _____ Date: _____

(A misstatement of fact or false statement made in this or any application is punishable by fine and/or imprisonment and may result in the suspension of driving privileges. (N.J.S.A. 39:3-37))

John J. Barthelmes
Commissioner of Safety

NH DEPARTMENT OF SAFETY
Division of Motor Vehicles
Stephen E. Merrill Building
23 Hazen Drive, Concord, NH 03305
Tele: (603) 227-4020

Richard C. Bailey, Jr.
Director of Motor Vehicles

Change of Gender Designation

Please note: This form may not be used for name or address changes. Please fill out a "Record Change Request" form (DSMV 30) for any name and/or address changes. Name changes will require authorized supporting documentation.

Name on Current NH Driver License or Non-Driver ID: _____

Date of Birth: _____ DL or NDID # _____

Address: _____
Street Name or PO Box No. *Town or City* *State* *Zip Code*

I, _____ wish to change the gender designation on my NH Driver License or Non-Driver Identification card to read (*please check one*): ☐ Male ☐ Female

I hereby certify under penalty of unsworn falsification that this request for change of gender is for the purpose of ensuring my driver license/identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose:

Signature of Applicant: _____ Date: _____
Signed under penalty of unsworn falsification (RSA 641:3)

The below certification must be completed by a licensed and qualified Health Care Provider

In my professional opinion, the applicant's gender identity is (*please check one*): ☐ Male ☐ Female and can reasonably be expected to continue as such in the foreseeable future.

Name of Health Care Provider (*please print*): _____

Please check one:

☐ Physician ☐ APRN ☐ Clinical Social Worker ☐ Clinical Mental Health Counselor

Name of Practice: _____

Address: _____
Street *Town or City* *State* *Zip Code*

Telephone Number: _____

I certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the person whose name appears above is under my treatment and care for the change of gender identity as indicated above by the applicant.

Signature of Health Care Provider: _____ Date: _____

DSMV 626 (12/2014)

MVD – 10237
INT. 07/10

New Mexico Taxation & Revenue Department, Motor Vehicle Division

GENDER DESIGNATION CHANGE REQUEST

Use this form to request a change to the gender designation on your New Mexico Driver's License (DL) or Identification Card (ID), or if you are applying for a first-time New Mexico DL or ID and are requesting a change of gender designation from that shown on your current identification documents. If you are also changing your name, please provide both current/prior and new name with appropriate original documentation (court order, marriage certificate or divorce decree). This form must be completed in full by you and your medical or social service provider.

Applicant Information and Request for Change of Gender Designation

Applicant's current/prior full legal name:

Last name	First name	Middle name(s)

If changing name, Applicant's new full legal name:

Last name	First name	Middle name(s)

Residence street address	City	State	ZIP code

Driver's license or ID number	Telephone number	Email address

Gender Designation Statement:

I, _____, wish the gender designation on my Driver's License/ID Card to designate my gender as (circle one): Male (M) Female (F).

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature _____ Date _____

Medical or Social Service Provider Information and Certification

Last name	First name	Title

Provider's organizational name (if applicable)

Provider's street address	City	State	ZIP code

Telephone number	Email address	Professional license number and state

I am licensed as a: ☐ Physician ☐ Therapist or Counselor ☐ Psychiatric Social Worker

☐ Other (please describe) _____

My practice includes the treatment and counseling of persons with gender identity issues, including the Applicant named herein, and in my professional opinion the applicant's gender identity is (circle one): Male Female and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under the penalty of perjury, that the foregoing information is true and correct.

Signature _____ Date _____

DMV
DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE. NE, SALEM OREGON 97314

CHANGE OF GENDER DESIGNATION FORM

Reset Form
Print Form

PART ONE: TO BE COMPLETED BY APPLICANT

LAST NAME (please print)	FIRST NAME	MIDDLE NAME	ODL/ID CUSTOMER #

STREET ADDRESS	CITY	STATE	ZIP CODE

I, _____ wish to change the gender designation on my driver license or identification card to read (check one): ☐ **Male** ☐ **Female**

I hereby certify under penalty of law that this request for gender designation change is for the purpose of ensuring my driver license / identification card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

APPLICANT SIGNATURE	DATE SIGNED
X	

PART TWO: TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER or SOCIAL SERVICE AUTHORITY

PROVIDER LAST NAME (please print)	PROVIDER FIRST NAME	PROVIDER TITLE

PROVIDER ORGANIZATION NAME (if applicable)

PROVIDER STREET ADDRESS	CITY	STATE	ZIP CODE

PROVIDER PHONE NUMBER	PROVIDER E-MAIL	PROVIDER ORGANIZATION or PROFESSIONAL LICENSE NUMBER

I am a:

- ☐ Primary Care Provider (PCP) (Physician, Nurse Practitioner (NP) or Physician Assistant (PA))
- ☐ Clinical Social Worker, Surgeon, or a Doctor of Naturopathic Medicine
- ☐ Licensed Professional Counselor or Therapist
- ☐ Licensed Psychologist
- ☐ Social Service Case Specialist, Worker, or other Social Service Authority

In my professional opinion, the applicant's gender identity is (check one): ☐ **Male** ☐ **Female** and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify under penalty of law the foregoing information is true and correct.

SIGNATURE OF HEALTH CARE PROVIDER or SOCIAL SERVICE AUTHORITY	DATE SIGNED
X	

735-7401 (10-15)

DL-32 (7-14)

pennsylvania
DEPARTMENT OF TRANSPORTATION

REQUEST FOR GENDER CHANGE ON DRIVER'S LICENSE/IDENTIFICATION CARD

ALL SECTIONS MUST BE COMPLETED

A APPLICANT INFORMATION

DRIVER'S LICENSE/ID NUMBER	LAST NAME(S)	JR/ETC

FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MONTH / DAY / YEAR)	TELEPHONE NUMBER (8:00 a.m. to 4:30 p.m.)	E-MAIL ADDRESS (if applicable)

Please check the product(s) you currently have:

☐ Non-Commercial Driver's License ☐ Commercial Driver's License ☐ Identification Card

B GENDER DESIGNATION STATEMENT

I, _____ wish the gender designation on my Driver's License/ ID Card to read
PRINT NAME

☐ MALE ☐ FEMALE

I hereby certify under penalty of law that this request for the selected gender designation to appear on my Driver's License/ ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

C TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER LICENSED IN THE UNITED STATES

LAST NAME	FIRST NAME	TITLE

PROVIDER'S ORGANIZATION	STATE MEDICAL LICENSE #	STATE LICENSED IN

PROVIDER'S STREET ADDRESS

CITY	STATE	ZIP

I am a licensed: ☐ Physician ☐ Therapist/Counselor ☐ Social Worker

My practice includes assisting, counseling or treating persons with gender identity conditions, including the applicant named herein, and in my professional opinion, the applicant's gender identity . . . . . ☐ Male ☐ Female and can reasonably be expected to continue as such for the foreseeable future.

I hereby certify, under penalty of law, that the foregoing information is true and correct

PROVIDER'S SIGNATURE: _____ DATE: _____

WARNING: *Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to $2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).*

D AUTHORIZATION AND CERTIFICATION

☐ **Veterans Designation:** I certify under penalty of law that I am a qualified applicant and hereby request it be added to my product. I understand that misrepresentation will result in the cancellation of my driver's license and/or identification card.

I certify under penalty of law that all information given on this application is true and correct. I hereby authorize the Social Security Administration to release to the Department of Transportation information concerning my Social Security Identification Number for the purpose of identification. I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

☐ I wish to contribute $1.00 to the Organ Donation Awareness Trust Fund (see reverse)

☐ I wish to contribute $3.00 to the Veterans' Trust Fund (see reverse)

FEE PAID In This Amount	
SEE REVERSE FOR FEES	

SIGN HERE

_____ _____
(APPLICANT'S SIGNATURE IN INK) DATE

WARNING: *Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to $2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).*

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES
LICENSE AND REGISTRATION OFFICE
600 New London Avenue
Cranston, RI 02920-3024
Phone: 401-462-4368 Fax: 401-462-5785/5786
www.dmv.ri.gov

GENDER DESIGNATION ON A LICENSE OR IDENTIFICATION CARD

Procedure for Changing Designation on Driver's License or Identification Card
Applicants requesting a change of the gender designation on their driver's license or identification card from that showing on their identity proof documents must:

- Surrender any current state-issued license or identification card;
- Submit a completed Gender Designation form; and
- Pay applicable fees for new or updated license or identification card. The applicant shall have a new photograph taken.

Employees shall not request additional gender-related information beyond that required on the applicable forms or otherwise inquire about the applicant's private medical history or records.

The Gender Designation Form contains private medical information and will be kept confidential and protected under the provisions of the Driver Privacy and Protection Act.

Name Change
Name changes related to gender are completed via submission of appropriate court documents and also must be reflected on the Social Security card. Please refer to the RI DMV Document Checklist - License and ID Cards.

PART ONE: TO BE COMPLETED BY APPLICANT

Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____

Street Address _____ City/Town _____ State _____ Zip Code _____ License/Identification Number _____

I, _____, wish the designation of gender on my driver's license or identification card to read (please check one): ☐ Male ☐ Female

I, the undersigned, hereby make application for either license, state identification card or permit and declare under penalty of perjury that all statements made on this application are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

PART TWO: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE AUTHORITY

Provider Last Name _____ Provider First Name _____ Provider Title _____

Provider Organization Name (if applicable) _____

Provider Street Address _____ City/Town _____ State _____ Zip Code _____ Provider Telephone _____

Provider E-Mail _____ Provider Organization or Professional License Number _____

I am a: ☐ Physician ☐ Licensed therapist or counselor ☐ Case worker or social worker

In my professional opinion, the applicant's gender identity is (please check one): ☐ Male ☐ Female and can reasonably be expected to continue as such in the foreseeable future.

I, the undersigned, hereby declare under penalty of perjury that all statements made in this section, "Part Two," by me, are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

rev. 05/12

DEPARTMENT OF LICENSING

Change of Gender Designation Request

You can use this form to request a gender designation change on your Washington driver license, instruction permit, identification (ID) card, enhanced driver license, or enhanced identification card. This form must be completed by you and a licensed health care provider (as noted in the Physician section below) familiar with your treatment. Send this completed form *and* a photocopy of your valid Washington driver license, instruction permit, identification card, enhanced driver license, or enhanced identification card to:

Programs and Services, Driver Records
Department of Licensing
PO Box 9030
Olympia WA 98507-9030

You will be notified in writing when your request has been processed. **Incomplete applications will not be processed.**

Applicant

TYPE or PRINT Name as it appears on your current license or ID card *(Last, First, Middle)*	License or ID card number
(Area code) Daytime telephone number	Email *(in case we need to contact you)*

Answer the following
What gender designation would you like on your license or ID card? ..... ☐ Male ☐ Female

I authorize the licensed health care provider listed in the physician section to release information related to this request. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed _____ X _____ Signature

Physician

This section must be completed by a licensed medical physician, internist, endocrinologist, gynecologist, urologist, osteopathic physician, psychiatrist, psychologist, or a Washington State licensed naturopathic physician, advanced registered nurse practitioner, physician assistant, or certified osteopathic physician assistant familiar with your treatment.

TYPE or PRINT Name of patient			
Your name as it appears on your license			
License number	Expiration date	Issuing state/jurisdiction	DEA registration number
Hospital or medical clinic name			(Area code) Telephone number
Physical address *(Address, City, State, ZIP code, County)*			
Mailing address, if different *(Address, City, State, ZIP code, County)*			

Answer the following
1. I am the attending health care provider with a doctor/patient relationship with the applicant. ☐ Yes ☐ No
2. I have reviewed and evaluated the applicant's medical history. ☐ Yes ☐ No
3. The applicant has undergone the appropriate gender transition clinical treatment. ☐ Yes ☐ No
4. What is the gender identification of this applicant? ☐ Male ☐ Female

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Date and place signed _____ X _____ Physician signature

DR-000-043 (R/6/15)WA

We are committed to providing equal access to our services. If you need accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

DMV-68-RO
REV 06/15

West Virginia Department of Transportation

Division of Motor Vehicles

Gender Designation Form

1-800-642-9066
dmv.wv.gov

Procedure for changing your gender designation on your driver's license or identification card:

The DMV will change the gender designation on the applicant's driver's license or ID card contingent on the submission of this fully and accurately completed form. The applicant is not required to have changed his or her gender designation on the birth certificate or other forms of identification. DMV Employees shall not request additional gender-related information beyond that required on the applicable form or otherwise inquire about the applicant's private medical history or records.

Any name changes require submission of appropriate documentation of the name change and must also be reflected in the Social Security record. Name changes can be processed at any time regardless of gender designation.

Applicants requesting to change the gender designation on their driver's license or identification (ID) card must:

- Surrender any current state-issued license or identification card (if applicable).
- Submit this Gender Designation Form when it has been accurately completed.
- Submit the correct driver's license or ID card application and pay the correct fees as outlined on the application. For standard driver's licenses and ID cards use the application DMV-DS-23P or for a commercial driver's license use the application DMV-CDL-1.
- Have a new photograph taken for the driver's license or ID card.

1 TO BE COMPLETED BY THE APPLICANT

APPLICANT NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER
STREET ADDRESS	DRIVER'S LICENSE OR ID CARD NUMBER
CITY, STATE, AND ZIP CODE	

I, _____, wish to change the gender on my West Virginia driver's license or identification card to read the gender ☐ male ☐ female.

(X) _____ SIGNATURE OF APPLICANT

_____ / _____ / _____ DATE

2 TO BE COMPLETED BY THE LICENSED PHYSICIAN

PHYSICIAN NAME (LAST, FIRST, MIDDLE)	PHYSICIAN TITLE	MEDICAL LICENSE NUMBER
PHYSICIAN ORGANIZATION NAME (IF APPLICABLE)		PHYSICIAN PHONE NUMBER
PHYSICIAN ADDRESS		

In my professional opinion, the applicant's gender identity is: ☐ *male* ☐ *female*

I hereby certify under penalty of perjury/law that the information contained herein is true and correct.

(X) _____ SIGNATURE OF LICENSED PHYSICIAN DATE

This form is fillable. To begin, click in the Surname field.

Print | Clear form

BRITISH COLUMBIA

Physician's or Psychologist's Confirmation of Change of Gender Designation

FOR OFFICE USE ONLY

Physician's or Psychologist's Information

SURNAME FOLLOWED BY GIVEN NAME(S)	
MAILING ADDRESS	POSTAL CODE
TITLE (if any)	TELEPHONE NUMBER, INCLUDING AREA CODE ( )

Declaration of Physician or Psychologist

The physician's or psychologist's declaration is in support of the request to change the applicant's "Sex" designation on his/her provincially issued identification by witnessing or certifying that the person identifies him/herself as a particular gender.

1. I hereby certify that I am:
   - ☐ a practising registrant of the College of Physicians and Surgeons of British Columbia. BC MSP #_____
   - ☐ a practising registrant of the College of Psychologists of British Columbia. Registrant #_____
   - ☐ a practising registrant, authorised in another province or territory, to practise a health profession equivalent to that practised by a person referred to above.

     Your profession and registration # _____ (Please provide copy of licence.)

2. I support the application of _____ (_____)
   applicant's name — applicant's personal health #

   and (_____) who is requesting the change in gender designation from **F to M** ☐ or **M to F** ☐
   BC driver's licence # or BC identification #

3. I confirm that the applicant's gender identity does not align with the "Sex" designation on the applicant's provincial government-issued identification.

4. I understand the consequences of making a false declaration.

_____ SIGNATURE OF PHYSICIAN OR PSYCHOLOGIST

_____ DATE (dd/mm/yyyy)

Making a false or misleading statement on this form may result in prosecution under section 69 of the *Motor Vehicle Act*. A person who contravenes section 69 is liable to a fine of up to $20,000 and/or to imprisonment.

Provincial Government-Issued Identification

This form may be used to support changes to the "Sex" field on all of the following provincial government-issued identification held by the applicant:

- BC Birth Certificate
- BC Driver's Licence
- BC Identification Card
- Combined BC Driver's Licence and Services Card
- Enhanced Driver's Licence
- Enhanced Identification Card
- Photo BC Services Card
- Non-Photo BC Services Card

Resources for Physicians or Psychologists

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.

VSA 510p_fill 04/09/2014

Print | Clear form

page 1 of 2

Zzyym v. Tillerson - AR 0342

Yukon
Government
Gouvernement

DRIVER LICENCE/GENERAL IDENTIFICATION CARD (GIC) CHANGE OF GENDER DESIGNATION

CHANGEMENT DE LA MENTION DU SEXE SUR LE PERMIS DE CONDUIRE OU LA CARTE D'IDENTITÉ GÉNÉRALE (CIG)

APPLICANT
DEMANDEUR[1]

I,
Je, _____
FULL LEGAL NAME-PLEASE PRINT
NOM LÉGAL COMPLET EN LETTRES DÉTACHÉES

Date of birth:
Date de naissance : _____
YYYY-MM-DD
AAAA-MM-JJ

Address:
Adresse : _____
MAILING ADDRESS
ADRESSE POSTALE

Postal Code:
Code postal : _____

Yukon driver licence/GIC no.: _____, wish the designation of gender on my driver licence
Permis de conduire/CIG n° : _____, *souhaite que la mention du sexe sur mon permis de*

and/or general identification card to read (please check one): ☐ Female ☐ Male
conduire ou sur ma CIG indique (cochez une case) : Femme Homme

_____ _____
SIGNATURE OF APPLICANT / *SIGNATURE DU DEMANDEUR*
DATE (YYYY-MM-DD) / *DATE (AAAA-MM-JJ)*

Your personal information contained here is collected under Yukon's *Motor Vehicles Act*, RSY 2002, c.153 (as amended) ("MVA") in accordance with Yukon's *Access to Information and Protection of Privacy Act* RSY 2002, c. 1. (as amended). By providing the personal information contained herein you fully consent to such information being collected, used, stored, and disclosed for the purposes of: administering and enforcing the MVA; law enforcement purposes, including the investigation and enforcement of laws by other governments or law enforcement agencies; research and statistical analysis and policy planning and program activities by Government of Yukon. If you have any questions about the collection, use or disclosure of your personal information, please contact the Registrar of Motor Vehicles at Unit A, 2251 2nd Avenue Whitehorse, YT Y1A 5W1 or phone: (867) 667-5313, toll free within Yukon, 1-800-661-0408 ext. 5313.

Les renseignements personnels fournis dans les présentes sont recueillis en vertu de la Loi sur les véhicules automobiles du Yukon, *L.R.Y. 2002, ch.153 (dans sa version modifiée), et en conformité avec la* Loi sur l'accès à l'information et la protection de la vie privée du Yukon, *L.R.Y. 2002, ch. 1 (dans sa version modifiée). En fournissant lesdits renseignements, vous consentez pleinement à leur collecte, utilisation, conservation et communication aux fins suivantes : application de la* Loi sur les véhicules automobiles; *exécution de la loi, y compris la tenue d'enquête et la mise en œuvre de lois par d'autres gouvernements ou organismes d'application de la loi; recherches et analyses statistiques ainsi que planification des politiques et des programmes et services par le gouvernement du Yukon. Veuillez adresser toute demande relative à la collecte, à l'utilisation ou à la communication de vos renseignements personnels au registraire des véhicules automobiles, au 2251, 2e Avenue, porte A, Whitehorse (Yukon) Y1A 5W1, ou par téléphone, au 867-667-5313 ou (sans frais au Yukon) au 1-800-661-0408, poste 5313.*

SERVICE PROVIDER
FOURNISSEUR DE SERVICES

Name:
Nom : _____
FULL LEGAL NAME-PLEASE PRINT
NOM LÉGAL COMPLET EN LETTRES DÉTACHÉES

Address:
Adresse : _____
MAILING ADDRESS
ADRESSE POSTALE

Postal Code:
Code postal : _____

I am a ☐ Physician ☐ Psychiatrist ☐ Psychologist ☐ Therapist/Counsellor ☐ Nurse Practitioner
Je suis médecin psychiatre psychologue thérapeute/conseiller infirmière praticienne

Licence or professional certification #:
Permis d'exercice ou agrément professionnel n° : _____

In my professional opinion, the applicant's gender identity is (please check one): ☐ Female ☐ Male
Selon mon avis professionnel, l'identité de genre du demandeur est (cochez une case) : Femme Homme

and can reasonably be expected to continue as such in the foreseeable future.
Il est par ailleurs raisonnable de s'attendre à ce que cette situation reste inchangée dans un avenir prévisible.

_____ _____
SIGNATURE OF SERVICE PROVIDER / *SIGNATURE DU FOURNISSEUR DE SERVICES*
DATE (YYYY-MM-DD) / *DATE (AAAA-MM-JJ)*

YG(6305Q)F1 04/2016

[1] Dans le présent document, les expressions désignant des personnes visent à la fois les hommes et les femmes.

Appendix B U.S. Driver's License Policies*

U.S. Jurisdiction Driver's License and ID Card Policies

Simplified form. Certification accepted from a range of licensed professionals, no medical details required. 18 states, the District of Columbia, and Puerto Rico	Alaska (2012) Colorado (2006) Connecticut Delaware (2011) District of Columbia (2007) Hawaii (2012) Indiana	Maine (2013) Massachusetts (2008) New Jersey (2009) New Hampshire New Mexico (2010) Ohio (2009) Oregon (1998)	Pennsylvania (2010) Puerto Rico (2016 Rhode Island (2012) Virginia (2012) Washington (2009) West Virginia (2015)
No form. Certification accepted from medical or mental health providers. Proof of surgery or court order are not required. 7 states	Arizona (1995) Florida (2011) Idaho (2013) Illinois (2013)	New York (1987) Vermont Wisconsin	
Simplified form. Certification only accepted from a limited range of health care providers. Proof of surgery or court order are not required. 3 states	California (2008) Nebraska Nevada (2010)		
No form. Certification only accepted from limited range of healthcare providers. No requirement of proof of surgery or court order. 1 state	Minnesota (2013)		
No form. No requirement of proof of surgery, court order, or amended birth certificate. 2 states	Maryland (medical approval process involving several steps) Utah (must provide other updated ID, such as a passport)		
Unknown 5 states and 4 territories	Arkansas Mississippi North Carolina North Dakota South Dakota	American Samoa Guam Northern Marianas Island U.S. Virgin Islands	
Proof of surgery, court order, or amended birth certificate required. 14 states – 9 surgery, 3 court order, 2 other	Alabama (surgery) Georgia (surgery) Iowa (court order and amended birth certificate) Kansas	Kentucky (surgery) Louisiana (surgery) Michigan (surgery) Missouri Montana (surgery) Oklahoma	South Carolina (court order) Tennessee (surgery) Texas (court order) Wyoming (surgery)

Total jurisdictions in which individuals can reliably change their gender designation without proof of surgery, court order, or amended birth certificate: ***31 states + District of Columbia and Puerto Rico***

* Verified via AAMVA email, website search.

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Appendix C Canadian Driver's License Policies*

Canadian Jurisdiction Driver's License and ID Card Policies

Simplified form, certification accepted from a range of licensed professionals; no medical details required.	Alberta British Columbia Manitoba Yukon
No form. Certification from medical or mental health provider is sufficient. Proof of surgery or court order is not required.	
Simplified form. Certification only accepted from a limited range of health care providers. Proof of surgery or court order are not required.	
No form but no requirement of proof of surgery or court order; certification from limited range of health care providers.	Ontario Quebec Saskatchewan
Unknown policy	New Brunswick Newfoundland & Labrador Nova Scotia Northwest Territories Nunavut

Total provinces in which individuals can reliably change their gender designation without proof of surgery, court order, or amended birth certificate: *7 **provinces***

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* Provided by the AAMVA Survey. Content current as of June 2015.

Appendix D U.S. Department of State Policy for Changing the Gender Designation on a U.S. Passport

The United States Department of State (DOS) has adopted a policy that explains the need for medical certification from a licensed physician regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. To obtain a passport, sexual reassignment surgery is not a prerequisite, and such documentation is not requested. The DOS requires medical certification of gender transition from a licensed physician as the only documentation of gender change required. Other medical records are not requested. The applicant must submit acceptable evidence of identity in the new gender, if available, and must submit evidence of the new name, if changed. The DOS may accept documentation from the SDLA if available as evidence of identity, but because of the variety and inconsistencies with state license requirements, evidence of change of gender in these identity documents may not be obtainable. However, the passport can be issued in the new gender based on the medical certification. Importantly, the U.S. Passport is an acceptable document used by SDLAs to validate a person's identity for the DL/ID. States with policies that require changes to birth certificates, court orders, or surgical reassignment to validate gender change will be in conflict if an individual provides a passport reflecting a change in gender. A modernized gender designation process eliminates this conflict.

U.S. Department of State Foreign Affairs Manual – Volume 7

Consular Affairs

7 FAM 1300 Appendix M

GENDER CHANGE

(CT:CON-576; 05-05-2015)
(Office of Origin: CA/OCS/L)

7 FAM 1310 APPENDIX M SUMMARY

(CT:CON-653; 03-31-2016)

a. This appendix provides policy and procedures that passport specialists and consular officers ("you") must follow when an applicant indicates a gender on the "sex" line on the passport application with information different from the one reflected on some or all of the submitted citizenship and/or identity evidence, including a prior passport.

b. This policy explains the need for medical certification from a licensed physician who has treated the applicant or reviewed and evaluated the medical history of the applicant regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. It is based on standards and recommendations of the World Professional Association for Transgender Health (WPATH), recognized as the authority in this field by the American Medical Association (AMA).

c. A passport is defined by INA 101(a)(30) (Immigration and Nationality Act) (8 U.S.C. 1101(a)(30)) as "any travel document issued by competent authority showing the bearer's origin,

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identity, and nationality if any, which is valid for the entry of the bearer into a foreign country." An individual's gender is an integral part of that person's identity.

d. Sex reassignment surgery is not a prerequisite for passport issuance based on gender change.

e. Medical certification of gender transition from a licensed physician as described in 7 FAM 1320 Appendix M is the ***only*** documentation of gender change required. Other medical records must not be requested.

f. A Form DS-11 "Application for U.S. Passport" must be used the first time an applicant applies for a passport in reassigned gender, as personal appearance for execution is required, even if the applicant has a previous passport. A change in gender is a change in the identity of the applicant, and evidence of identity in the new name (if applicable) and gender must be presented. Subsequent applications in the same gender may be submitted on a Form DS-82 if the applicant is eligible (see 7 FAM 1345.4 regarding eligibility to apply on a Form DS-82 and 7 FAM 1334 Appendix M regarding resumption of the birth gender).

7 FAM 1320 APPENDIX M DOCUMENTATION REQUIREMENTS

7 FAM 1321 Appendix M Documents to be Submitted with the Form DS-11

(CT:CON-653; 03-31-2016)

a. **Evidence of U.S. citizenship/non-citizen U.S. nationality.** The applicant must submit acceptable evidence of U.S. citizenship or non-citizen U.S. nationality. (see 7 FAM 1100 "Acquisition and Retention of U.S. Citizenship and Nationality"). The applicant is not required to obtain an amended birth record, amended Consular Report of Birth (CRBA), or to request that the U.S. Citizenship and Immigration Services (USCIS) issue a replacement Certificate of Naturalization/Citizenship reflecting the change of gender. State law in the United States and the laws of other countries vary on whether an amended birth certificate may be issued reflecting a gender change;

NOTE: An amended birth certificate in the new gender is not acceptable evidence of gender change (as opposed to amending a birth certificate to correct a typographical error—see 7 FAM 1370 Appendix M). See also 7 FAM 1350 Appendix M regarding Form FS-240, "Consular Report of Birth of a U.S. Citizen Abroad."

b. **Evidence of identity.** As with all applications, the applicant must be asked to submit acceptable Identification Document(s) (IDs) in the new gender, and name, if applicable (see 7 FAM 1320 "Identity of the Passport Applicant"). However, state law and foreign laws vary as to whether a driver's license or other State or foreign government ID may be issued reflecting a gender change. So, the applicant may document her/his identity by submitting any of the following ID documents:

(1) Primary ID in the new gender (see 7 FAM 1325.1 regarding identification using primary ID);

(2) Secondary ID in the new gender (see 7 FAM 1325.3 regarding identification using secondary ID); or

(3) Acceptable primary ID in the birth gender if it readily identifies the applicant.

NOTE: Some form of photographic ID must be presented; You cannot use the doctor's certification as the only evidence to identify an applicant.

c. **Photograph.** A recent photograph that is a good likeness of the applicant, and satisfactorily identifies the applicant must be submitted. The photograph must agree with the submitted ID and reflect the applicant's current and true appearance (see also 7 FAM 1300 Appendix E "Passport Photographs");

d. **Passport Fee.** All necessary passport fees must be submitted (see 7 FAM 1300 Appendix G "Passport Fees"); and

e. **Name Change.** If the applicant's name has been changed, either by court order or by customary usage, she/he must present satisfactory evidence of the material name change (see 7 FAM 1300 Appendix C "Names and Name Usage"). Both names must be cleared (see 7 FAM 1334).

7 FAM 1322 Appendix M Medical Certification for Gender Change/Transition

(CT:CON-653; 03-31-2016)

a. A full validity U.S. passport will be issued reflecting a new gender upon presentation of a signed, original certification or statement, **on office letterhead**, from a licensed physician who has treated the applicant for her/his gender-related care or reviewed and evaluated the gender-related medical history of the applicant.

b. Licensed physicians include:

(1) A Doctor of Osteopathy (D.O.) (not to be confused with a Doctor of Optometry (O.D.), whose certification is not acceptable); or

(2) A Medical Doctor (M.D.). M.D.s may specialize in various medical fields including, but not limited to, internists, endocrinologists, gynecologists, urologists, surgeons, psychiatrists, pediatricians, and family practitioners.

c. Medical certifications from persons who are not licensed physicians are not acceptable. They include, but are not limited to:

(1) Psychologists;
(2) Physician Assistants;
(3) Nurse practitioners;
(4) Health practitioners;
(5) Licensed vocational nurses;
(6) Registered nurses;
(7) Chiropractors; or
(8) Pharmacists.

d. The medical certification **must** include the following information (see 7 FAM 1300 Appendix M Exhibit 1):

(1) Licensed physician's full name;

(2) Medical license or certificate number;

(a) Licensed physicians in foreign countries must have a comparable foreign license or certificate registration number.

(b) For all foreign licensed physician gender change requests, passport agencies/centers must scan copies of the Form DS-11 and attach all submitted documents to Passport Services' Adjudication Policy Division (CA/PPT/S/A/AP) at AskPPTAdjudication@state.gov. CA/PPT/S/A/AP works with the Overseas Citizens Services' Office of Legal Affairs (CA/OCS/L) to verify the bona fides of the foreign-based licensed physician with the applicable post abroad. CA/PPT/S/A/AP will advise the passport agency/center of the outcome of post's verification as soon as possible.

(c) Posts must verify their own foreign-based licensed physicians or, if the statement is from a physician in another country, contact the post which covers that country for verification.

(3) Address and telephone number of the licensed physician;

(4) Language stating that she/he has treated the applicant or has reviewed and evaluated the medical history of the applicant and that she/he has a doctor/patient relationship with the applicant;

(5) Language stating the applicant has had appropriate clinical treatment for gender transition to the new gender of either male or female; and

(6) Language stating "I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct."

e. If the applicant has not submitted the requested medical certification, use the appropriate letter (or similar language for overseas posts) available in Information Request Letter (IRL) 706 in corresponding with the passport applicant. (See 7 FAM 1300 Appendix T "Information Request Letters and Information Notices.")

f. For applicants who have just begun and may be in the initial stages of the gender transition process, a two year limited validity passport using endorsement 46 (see 7 FAM 1320 Appendix B) reflecting the new gender will be issued upon presentation of a medical certification described in paragraph a above that includes the following:

(1) Information listed in paragraph 7 FAM 1300 Appendix M d(1)-(4) above;

(2) Language stating the applicant is in the process of gender transition to the new gender of either male or female; and

(3) Language stating "I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct."

g. Faxed, e-mailed, or scanned photocopies of medical certifications are not acceptable for full validity U.S. passports. In emergency circumstances, you may issue a limited validity passport in the new gender using endorsement 46.

7 FAM 1330 APPENDIX M ADJUDICATING GENDER CHANGE OR TRANSITION

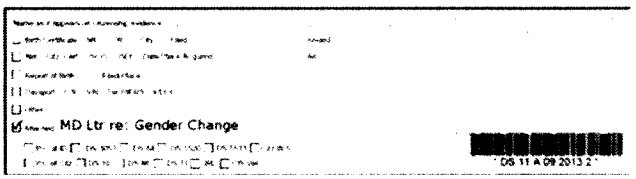
7 FAM 1331 Appendix M Adjudicating Gender Change Cases

(CT:CON-653; 03-31-2016)

a. You must annotate the reason for issuing the full validity passport in the new gender in the "For Issuing Office Only" block of the Form DS-11:



b. You must annotate and attach the medical certification to the Form DS-11:



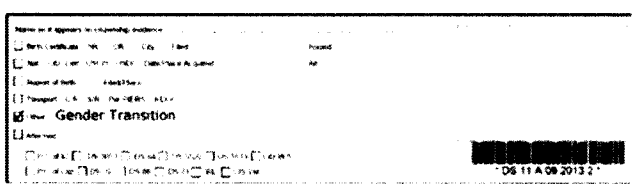
NOTE: You must not ask for additional specific clinical details regarding the gender change from the applicant.

NOTE: If the applicant requests that the original medical certification be returned, you may attach a clear photocopy of the medical certification, clearly annotate that the original medical certification was seen and returned, and return the original medical certification to the applicant

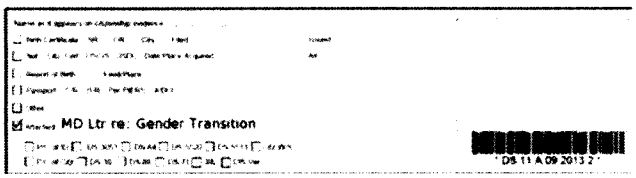
7 FAM 1332 Appendix M Adjudicating Gender Transition Cases

(CT:CON-653; 03-31-2016)

a. You must annotate the reason for issuing the limited validity passport in the new gender in the "For Issuing Office Only" block of the Form DS-11:



b. You must annotate and attach the medical certification to the Form DS-11:



c. You must add an appropriate endorsement to limit the validity period of the passport:

(1) Use endorsement code 46 domestically and for Overseas Photo-Digitized Passports (OPDPs) (see also 7 FAM 1365 regarding OPDPs and 7 FAM 1300 Appendix B, "Passport Endorsements").

(2) Use endorsement code 109 in Emergency Photo-Digitized Passports (EPDPs) for urgent overseas cases where the applicant must travel immediately (see also 7 FAM 1300 Appendix B).

7 FAM 1333 Appendix M Replacement of Passport Limited Because of Gender Transition

(CT:CON-653; 03-31-2016)

a. An applicant who received a limited passport book because of a gender transition will receive a replacement, fully-valid passport without further fee (except for expedited service, if requested), if she/he:

(1) Applies for the new passport within two years of issuance using Form DS-5504, "Application for a U.S. Passport: Name Change, Data Correction, and Limited Passport Book Replacement;"

(2) Meets the requirements of 7 FAM 1320 Appendix M; and

(3) Presents a new medical certification that meets the requirements for a fully-valid passport in 7 FAM 1322 Appendix M.

b. If, after two years, the applicant applies for a new passport and her/his gender transition has not been completed, the applicant must submit a new physician's statement, following the same information and licensure requirements in 7 FAM 1320 Appendix M, reflecting that the applicant still is in the process of gender transition. The applicant must also submit a new Form DS-11, with appropriate identity, citizenship, and passport fees submitted (see 7 FAM 1321 Appendix M). Another two-year limited validity passport will be issued.

7 FAM 1334 Appendix M Resumption of the Birth Gender

(CT:CON-653; 03-31-2016)

If an applicant who already has been issued a passport in a new gender requests issuance of a passport in the birth gender, a medical certification of the transition back to the birth gender is required (see 7 FAM 1322 Appendix M regarding medical certifications). The same procedures for adjudication and issuance of full validity (gender change) or limited validity (gender transition) passports apply if the applicant is returning to the birth gender (see also 7 FAM 1331 Appendix M and 7 FAM 1332 Appendix M).

7 FAM 1340 APPENDIX M CONVERSATIONS WITH PASSPORT APPLICANTS SEEKING TO DOCUMENT GENDER CHANGE/TRANSITION

(CT:CON-653; 03-31-2016)

a. As with all passport applicants, you must be sensitive and respectful at all times.

b. Refer to the applicant by the pronoun appropriate to her/his new gender even if the transition is not complete.

c. Ask only appropriate questions regarding information necessary to determine citizenship and identity of the applicant.

7 FAM 1350 APPENDIX M AMENDING GENDER IN CONSULAR REPORTS OF BIRTH ABROAD

(CT:CON-653; 03-31-2016)

The Form FS-240, "Consular Report of Birth Abroad of Citizen of the United States of America," can be amended by Passport Services' Office of Technical Operations, Record Services division (CA/PPT/S/TO/RS) to reflect the change in gender. The documentary requirements specified in this Appendix for passport services are the same for amending gender on a Form FS-240. (See also 7 FAM 1440, "Consular Report of Birth Abroad of a Citizen/Non-Citizen National of the United States of America.") See Bureau of Consular Affairs Internet Information on amending a Form FS-240. Inquirers are directed to contact Passport Services' Record Services Division, using the below dual addresses, both physical and P.O. box address, and the nine-digit zip code.

U.S. Department of State
Record Services Division
CA/PPT/S/TO/RS
44132 Mercure Cir
PO Box 1213
Sterling, VA 20166-1213

Telephone (public): 202-485-8300

Fax: 202-485-8302

d. An amended Form FS-240 is acceptable evidence of a gender change for a subsequent passport application.

7 FAM 1360 APPENDIX M INTERSEX CONDITIONS (DISORDERS OF SEX DEVELOPMENT)

(CT:CON-653; 03-31-2016)

a. "Intersex" is a condition in which a person is born with a reproductive or sexual anatomy and/or chromosomal pattern that does not fit typical definitions of male or female.

b. Birth documentation is often not updated to reflect corrected gender. When the passport application indicates a sex different from the one reflected on the birth documentation, the applicant, or her/his applying parents in the case of a minor child, must provide medical certification that meets the requirements in 7 FAM 1322 Appendix M, adjusting the language to reflect the intersex condition and specify the gender correction to either male or female. In the case of a minor child, the applying parent(s) also must submit a signed statement confirming the gender correction to either male or female. These statements must be attached to the passport application.

c. Unless the applicant, or her/his applying parent, provides the statements described above, the gender listed on her/his birth documentation will determine the gender to be listed in the passport.

7 FAM 1370 APPENDIX M GENDER ERRORS IN ORIGINAL BIRTH CERTIFICATE

(CT:CON-653; 03-31-2016)

a. If an applicant advises that the gender on her/his birth document mistakenly lists the wrong gender due to typographical error, and there is sufficient time before the listed departure date, refer the applicant to the appropriate issuing vital records office to have the error corrected (IRL 875-33).

b. If the departure date is imminent, you may issue a limited one year validity passport, listing the applicant's requested gender, using endorsement code 46 (see 7 FAM 1300 Appendix B.) A corrected certified copy of the amended birth document will be required before issuance of a full validity passport in the requested gender.