

## **Change of Sex Designation - Under 16 Years of Age**

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

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

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

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

### **How to apply**

Due to the public health emergency guidelines, counter service is available by appointment only by calling 1-709-729-3308.

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

### **Who is eligible?**

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

### **Required documents**

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

### **Important Information**

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

### **Privacy Notice**

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



## Change of Sex Designation - Under 16 Years of Age

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

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

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

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

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

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

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

I _____		
Surname	First Name	Second and Other Given Names
the parent or legal guardian of: _____		
Surname	First Name	Second and Other Given Names
hereby give consent to the proposed change of sex designation for my child's birth registration from:		
Please select: <input type="checkbox"/> Male to Female <input type="checkbox"/> Male to X <input type="checkbox"/> X to Male		
or <input type="checkbox"/> Female to Male <input type="checkbox"/> Female to X <input type="checkbox"/> X to Female		
Signature of Parent or Legal Guardian _____		Witness Signature _____ Date _____
Signature of child, if 12 years of age or over _____		Witness Signature _____ Date _____

**Section 2.1 - Request for Waiver / Statutory Declaration**

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

I, \_\_\_\_\_ of \_\_\_\_\_

in the Province of \_\_\_\_\_

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

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

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

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

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

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

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

Signature of Applicant

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

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

I, \_\_\_\_\_, as ☐ parent ☐ legal guardian  
Please Print Full Name  
solemnly declare that:

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

Please select:

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

2. The child has assumed, identifies with and intends to maintain the gender identity that corresponds with the requested change in sex designation.

3. I understand that all previously issued birth certificates will no longer be valid upon completion of sex designation change and that they will be cancelled.

Please select:

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

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

Sworn to (or affirmed) at

\_\_\_\_\_, in the

Province of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

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

Signature of Applicant

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

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

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

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

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

I hereby certify that: I am a

- ☐ Physician  
☐ Psychologist  
☐ Nurse Practitioner  
☐ Registered Nurse  
☐ Social Worker

I am registered and practicing

☐ in Newfoundland and Labrador ☐ outside Newfoundland and Labrador

**Section 4a.2 - Health Professional Regulatory Authority**

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

**Section 4a.3 - Child's Birth Information**

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

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

(Please check box)

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

\_\_\_\_\_  
Signature of Health Professional

\_\_\_\_\_  
Date

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

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

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

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

I hereby certify that: I am a

- ☐ Physician  
☐ Psychologist  
☐ Nurse Practitioner  
☐ Registered Nurse  
☐ Social Worker

I am registered and practicing

- ☐ in Newfoundland and Labrador ☐ outside Newfoundland and Labrador

**Section 4b.2 - Health Professional Regulatory Authority**

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

**Section 4b.3 - Child's Birth Information**

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

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

(Please check box)

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

\_\_\_\_\_  
Signature of Health Professional

\_\_\_\_\_  
Date

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

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

**Section 5.1 - Method of Payment****Note: There is a fee of \$35 (\$30 online) to obtain a Birth Certificate.**

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

**Section 5.2 - For Office Use Only**

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

**Section 5.3 - Contact Information**

<p><b>All mailed in requests should be addressed to:</b>  <b>"Confidential Services", Vital Statistics Division</b>          Digital Government and Service NL          P. O. Box 8700, St. John's NL A1B 4J6 Canada</p> <p><b>For inquiries please call (709) 729-3313</b></p> <p>Due to the public health emergency guidelines,          counter service is available by appointment only by calling 1-709-729-3308.</p> <p><b>MOUNT PEARL OFFICE</b> Motor Registration          Building 149 Smallwood Drive Mount Pearl, NL</p>
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