

[Physician's Letterhead Here]

Physician's Letter Template Certifying Applicant's Gender Change

I, _____ [physician's full name],

_____ [physician's medical license/certificate
number], _____ [issuing state/country of the medical license/
certificate], am the physician of _____ [full name
of patient], _____ [date of birth of patient] with whom I have a
doctor/patient relationship and whom I have treated, or with whom I have a doctor/patient
relationship and whose medical history I have reviewed and evaluated.

I affirm that _____ [Name of Patient] has completed
appropriate clinical treatment for gender transition to the new gender of _____ [male/female].

I declare under penalty of perjury under the laws of the United States that the foregoing is true
and correct.

Signature of Physician

Date

Typed Name of Physician

Physician's Address