

Instructions for use:

1. The physician should fill out all of the information below highlighted in green
 - Please do not make any other changes, additions, or deletions. All of the information on this document (including physician licensing information) is critical for the patient's name/gender change process.
 - **Optional note for non-binary patients:** The Social Security Administration currently cannot accommodate non-binary or unspecified sex designations, such as X. Please ask your patient which binary option they feel describes them best. You may wish to issue two different letters for different agencies (I.E. one letter with 'female' as a gender marker for SSA, and a second letter with 'X' as a gender marker for all other agencies)
2. Once all placeholders have been replaced, review the information with the patient and confirm their DOB and the spelling of their preferred name is accurate.
3. Remove the highlighting from the text, and copy and paste the text of this document onto your provider/practice letterhead.
4. Print at least two copies for the patient and sign them in pen.

Updated June 2024

Current Date

Letter Certifying Applicant's Gender Change

I, physician's full name, physician's medical license or certificate number, of the state of issuing U.S. State/Foreign Country on medical license/certificate, am the physician of current legal name of patient (DOB XX/XX/XXXX), aka preferred name of patient with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated.

Preferred name of patient has had appropriate clinical treatment for gender transition to the new gender of male/female/X (see note in instructions) and is irrevocably committed to this change.

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

Physician's Ink Signature

Physician's Typed Name

Name of Practice

Address of Practice