



# APPLICATION FOR CHANGE OF SEX DESIGNATION ON BIRTH REGISTRATION

Vital Statistics Act, Section 27

Please read the instructions and documentation requirements on the reverse.

## APPLICANT'S INFORMATION

NOTE: Please PRINT your name, address and identifying information clearly. This portion will be used when mailing your service or correspondence.

FOR OFFICE USE ONLY: AFS#

SURNAME		GIVEN NAME(S)	
MAILING ADDRESS			
CITY, PROVINCE/STATE, COUNTRY			POSTAL CODE/ZIP CODE
HOME PHONE (INCLUDING AREA CODE)	WORK PHONE (INCLUDING AREA CODE)	IF COMPANY, ATTENTION:	

## DETAILS OF BIRTH AS CURRENTLY REGISTERED

SURNAME ON BIRTH RECORD		GIVEN NAME(S) ON BIRTH RECORD		SEX
MONTH	DATE OF BIRTH DAY	YEAR	PLACE OF BIRTH (CITY, TOWN OR VILLAGE)	BRITISH COLUMBIA
SURNAME OF FATHER/CO-PARENT		GIVEN NAME(S)	BIRTHPLACE OF FATHER/CO-PARENT (CITY, PROV/STATE, COUNTRY)	
MAIDEN SURNAME OF MOTHER		GIVEN NAME(S)	BIRTHPLACE OF MOTHER (CITY, PROV/STATE, COUNTRY)	

## ALTERATION/ADDITION REQUESTED

I, \_\_\_\_\_ having undergone trans-sexual surgery at:

FULL LEGAL NAME

\_\_\_\_\_ PLACE

\_\_\_\_\_ DATE

\_\_\_\_\_ PLACE

\_\_\_\_\_ DATE

do hereby make application to change the sex designation on my birth registration from:

\_\_\_\_\_ to \_\_\_\_\_

I have enclosed all original certificates in my possession that relate to my birth event and understand they will NOT be returned on completion of this amendment. I understand that all certificates issued prior to this amendment will be ordered cancelled under Section 40.1 of the Vital Statistics Act upon completion of the requested amendment.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

See reverse for fee information and ordering of new birth certificate.

## Application for Amendment to Birth Registration - *Vital Statistics Act, Section 27*

To make the required amendment, the following is required:

1. Completion of this form, *Application for Change of Sex Designation on Birth Registration*.
2. Submission of the **originally** completed Vital Statistics forms:
  - Medical Certificate of Trans-Sexual Surgery
  - Supporting Medical Certificate of Trans-Sexual Surgery completed by a medical practitioner licenced in the jurisdiction where the applicant resides.
3. Certified evidence of the surgeon's and physician's licence to practice medicine at the time the surgery was performed unless the surgeons/physicians are licenced to practice in British Columbia (Vital Statistics has the ability to verify these licences).
 

*A Certified copy is a photocopy of a document, authenticated by an authorized official such as a Lawyer, Notary Public or Commissioner for Taking Affidavits, as a true photocopy of the original document.*
4. Copies of any other documentation to support this amendment request.
5. Return of all previously issued birth certificates.
6. Payment of the legislated fee for the amendment (does not include issuance of a new birth certificate).

**Note:** Additional documentation may be required to support statements made.

CONTACT INFORMATION	
<p><b>ENQUIRIES &amp; CREDIT CARD ORDERS</b></p> <p>Telephone: <b>250 952-2681</b> (Victoria &amp; Outside BC) Toll Free: <b>1 888 876-1633</b> (within BC)</p> <p>Website: www.vs.gov.bc.ca</p>	<p><b>ADDRESS ALL DOCUMENTS TO:</b></p> <p>Vital Statistics Agency Attention: Ingrid Bloomfield 101 - 1475 Ellis Street Kelowna BC V1Y 2A3</p>

SERVICES/FEEES		
<p><i>* The fee for the Amendment to the Registration is \$27.00 and does not include a new certificate. If you wish to order new certificate(s) please complete the following and add the additional payment to the total. The birth certificate is available in 2 versions. One contains individual information only, the other also includes parental information. Both are the same size (12.5cm x 17.6cm). The two versions are mailed separately.</i></p>		
<b>Certificate Type</b>	<p><b>Regular Service</b></p> <p>\$27.00 per certificate (average 2 to 5 days processing time) <i>All services, other than courier services, will be mailed.</i></p>	<p><b>Courier Service*</b></p> <p>\$60.00 per certificate</p>
<b>Birth Certificate</b>	<p><input type="checkbox"/> Certificate (Individual Information only) 12.5 cm x 17.6 cm</p> <p><input type="checkbox"/> Certificate (Includes Parental Information) 12.5 cm x 17.6 cm</p> <p><input type="checkbox"/> Registration Photocopy, Regular Service - <b>\$50.00</b> per photocopy (average 20 business days processing time)</p>	<p><input type="checkbox"/> Certificate (Individual Information only) 12.5 cm x 17.6 cm</p> <p><input type="checkbox"/> Certificate (Includes Parental Information) 12.5 cm x 17.6 cm</p> <p><input type="checkbox"/> Registration Photocopy, Courier Service - <b>\$60.00</b> per photocopy</p>
<p><b>*NOTE:</b> All services, other than courier services, will be mailed. Courier service requests are produced the next business day. Delivery time is dependent on shipping destination. Fee includes the cost of the search of our records. A certificate will be generated upon confirmation of a record held. If no record of the event is found, the fee will be applied to the search process. Courier Service will <u>not</u> be attempted at the following residence types: post office box, apartment complex, homes that utilize Super Box mailboxes and Basement suites. Instead, a delivery notice with instructions will be left at those residences and the package delivered to the nearest postal outlet. ID and signature will be required upon pick up.</p>		

PAYMENT METHODS	
<input type="checkbox"/> Cheque * <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	<p><b>* Postdated cheques not accepted</b></p>
<p><b>AMOUNT ENCLOSED FOR:</b></p> <p><b>Amendment Fee</b>      \$      <b>27.00</b></p> <p><b>New Certificate(s)</b>      \$      _____ <small>(see Services/Fees above)</small></p> <p><b>Total Amount Enclosed</b>      \$      _____</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Interac/Cash payments may be made in person at one of our three offices. Cheques or money orders are to be made payable to the Minister of Finance.</p> </div> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center; font-size: small;">Card holder signature</p> <p style="text-align: center; margin-top: 20px;">_____</p> <p style="text-align: center; font-size: small;">PRINT Card holder name as shown on Credit Card</p>
<p>Credit Card # _____ Expiry date _____</p>	