



MEDICAL CERTIFICATE OF TRANS-SEXUAL SURGERY

Vital Statistics Act Section 27

I, _____ hereby certify
(PLEASE PRINT)

1. That I performed trans-sexual surgery as summarized below, on:

(GIVEN NAMES) (SURNAME)
stated to have been born on _____ at _____
(DATE) (PLACE)

The details of the surgical procedures carried out are:

and were performed on _____ at _____
(DATE) (FACILITY NAME)

(ADDRESS)

(ADDRESS)

2. That I was qualified and licenced to practice medicine in the place(s) and at the time(s) this surgery was performed. *(If outside British Columbia, certified evidence of licence to practice medicine in that jurisdiction must be attached. Please provide certified translated copies of your documents if originals are not in English.)*

Signature _____

Address _____

Date _____