

## **MEDICAL CERTIFICATE OF TRANS-SEXUAL SURGERY**

Vital Statistics Act Section 27

		(PLEASE PRINT)		_ hereby certi
1.	That I performed trans-sexual surgery as summarized below, on:			
	(GIVEN NAMES) stated to have been born on		(SURNAME)	
	stated to have been bein on	(DATE)	(PLACE)	
	The details of the surgical pro	ocedures carried out are	:	
	and were performed on	at		
	and were penormed on	(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 orginals are not in English.)			
		Signature		
		Address		

The information on this form is collected for the purpose of registering Trans-sexual Surgery under the authority of Section 27 of the *Vital Statistics Act* and is subject to the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about collection and use of this information, please contact the Manager of Human Resources and Confidential Services, Vital Statistics Agency at 250-952-2681.