

How to apply

- In person at Vital Statistics Division, 149 Smallwood Drive, Mount Pearl, NL.
- By mail to “Confidential Services”, Vital Statistics Division, Service NL, P. O. Box 8700, St. John's, NL A1B 4J6
- Applications may also be dropped off at Government Service Centre office locations listed in Section 4.4 of this application.

Who is eligible?

- The applicant must have been born in Newfoundland and Labrador.
- The applicant must be 16 years of age or older. (If under 16 years of age, please complete the *Change of Sex Designation - Under 16 Years of Age* form.)

Required documents

- An application for a change of sex designation completed by the individual requesting the change. (Section 1)
- A written statement from the applicant confirming the applicant has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested (Section 2)
- **A completed statement (attached in section 3) from one of the following persons: Physician, Psychologist, Nurse Practitioner, Registered Nurse, or Social Worker that confirms that the applicant's sex designation request is consistent with the sex designation with which the applicant identifies.**

Important Information

- Please complete the entire application to avoid delays with processing.
- If documents submitted with the application are in a language other than English or French, the applicant must submit an official translation from a certified translator.
- The following certificates include sex designation: short and long form birth certificates.
- All short and long form birth certificates in the applicant's possession issued prior to the change of sex designation must be returned to Vital Statistics Division, as they will no longer be valid.
- Following completion of the above steps, applicants may order a new birth certificate by completing Section 4.1.
 - Short Form Birth Certificate: Individual information only – includes name, sex, place and date of birth.
 - Long Form Birth Certificate: Parental information included – includes the short form certificate information, plus names of parent(s) listed on the birth registration.
 - There is a fee of \$35 for a new Birth Certificate, or \$30 online.

Privacy Notice

The Vital Statistics Division collects personal information relating to births, deaths, marriages, adoptions and legal name changes, under the authority of the following legislation: *Vital Statistics Act, 2009; Marriage Act; Change of Name Act, 2009; Adoption Act, 2013; Children's Law Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the *Access to Information and Protection of Privacy Act, 2015*. For more information please call (709) 729-3313.

Change of Sex Designation - 16 Years of Age or Older

Section 1 - Details of Birth as Currently Registered - please print

Surname		
First Name	Second Name	Other Given Names
		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth (YYYY-MM-DD)	Place of Birth (City/Town/Community)	Province NEWFOUNDLAND & LABRADOR

Section 1:1 - Mother's Details - Mother's maiden surname (as stated on official birth registration)

Surname		
First Name	Second Name	Other Given Names
Place of Birth (City/Town/Community)	Province/State	Country

Section 1:2 - Father's / Other Parent's Details - if stated on birth record

Surname		
First Name	Second Name	Other Given Names
Place of Birth (City/Town/Community)	Province/State	Country

Section 2 - Written Statement by Applicant

I, _____ solemnly declare that:
Please Print Full Name

1. I make this application to change the sex designation on my Newfoundland and Labrador birth from:

Please select:

Male to Female

or

Female to Male

2. I have assumed, identify with and intend to maintain the gender identity that corresponds with the requested change in sex designation.

3. I understand that all previously issued birth certificates will no longer be valid upon completion of my sex designation and that they will be cancelled.

Please select:

I am enclosing all previously issued Newfoundland and Labrador birth certificates.

or

I currently do not have a Newfoundland and Labrador birth certificate.

4. I understand that it is an offense for me or anyone else to use a birth certificate that has been cancelled.

Sworn to (or affirmed) at

_____, in the

Province of _____,

this _____ day of _____, 2_____.

Commissioner of Oaths / Justice of the Peace /

Notary Public - with raised seal
(if completed outside Newfoundland and Labrador)

Signature of Applicant

Section 3 - Statement from a Health Professional for Applicants 16 Years of Age or Older

The health professional's statement confirms that they have treated, evaluated or consulted with the applicant, and the applicant's sex designation request is consistent with the sex designation with which the applicant identifies.

Section 3.1 - Health Professional's Practice Information

Surname		
First Name	Second Name	
Mailing Address (Civic # or PO Box)	Street Name	City/Town
Province	Postal Code	Contact #

I hereby certify that: I am a Physician
 Psychologist
 Nurse Practitioner
 Registered Nurse
 Social Worker

I am registered and practicing in Newfoundland and Labrador outside Newfoundland and Labrador

Section 3.2 - Health Professional Regulatory Authority

Name of Registering Body	
Civic Address	
Certificate/Licence/Registration Number	Contact #

Section 3.3 - Applicant's Birth Information

Applicant's current full legal name (please print)	Surname	First and All Given Names
Applicant's Date of Birth (YYYY-MM-DD)		

I confirm that the sex designation on the applicant's birth registration does not correspond with the applicant's presenting gender identity and he/she is requesting to change the sex designation on his/her birth registration from:

(Please check box)

Male to Female or Female to Male

Signature of Health Professional

Date

Section 4 - Applicant's Address Information - Please print

Surname			
First Name	Second Name	Other Given Names	
Mailing Address (Civic # or PO Box)			
City	Province/State	Country	Postal Code
Civic Address (if different from above)			
City	Province/State	Country	Postal Code
Home Number	Daytime Contact Number	Mobile Number	Email Address

Section 4.1 - Type of Birth Certificate

Indicate Type of certificate required: Long form Short form ***Note: short form will be issued if neither is specified. Short form does not contain parent's names**

Please check only one of the following: I will pick up the certificate or Send certificate by mail

Section 4.2 - Method of Payment

Note: There is a fee of \$35 (\$30 online) to obtain a Birth Certificate.

CASH CHEQUE MONEY ORDER VISA MASTERCARD EXPIRY DATE: _____

CREDIT CARD NUMBER _____ SIGNATURE _____

Section 4.3 - For Office Use Only

	Initials	Date	Record no.
Search			Date of registration
Second Search			Certificate no.
Issued			File no.
Acceptable ID presented? Yes <input type="checkbox"/> No <input type="checkbox"/>	Entitled? Yes <input type="checkbox"/> No <input type="checkbox"/>		Receipt no.
			Amount received
			Refund

Section 4.4 - Contact Information

All mailed in requests should be addressed to:

"Confidential Services"
Vital Statistics Division
Service NL
P. O. Box 8700
St. John's NL
A1B 4J6 Canada

For inquiries please call (709) 729-3313

Government Service Centre Office Locations

<p>MOUNT PEARL OFFICE Motor Registration Building 149 Smallwood Drive Mount Pearl, NL</p>	<p>HARBOUR GRACE OFFICE 7-9 Roddick Crescent Harbour Grace, NL</p>	<p>CLARENVILLE OFFICE 8A Myer's Avenue, Suite 102 Clarenville, NL</p>	<p>GANDER OFFICE Fraser Mall, 230 Airport Blvd. Gander, NL A1V 2N9</p>
<p>GRAND FALLS-WINDSOR OFFICE 3 Cromer Avenue Grand Falls-Windsor, NL</p>	<p>CORNER BROOK OFFICE Sir Richard Squires Bldg. Corner Brook, NL</p>	<p>HAPPY VALLEY-GOOSE BAY OFFICE 2 Tenth Street Happy Valley-Goose Bay, NL</p>	
<p>MARYSTOWN OFFICE 1 Harris Drive Marystown, NL</p>	<p>STEPHENVILLE OFFICE 35 Alabama Drive Stephenville, NL</p>	<p>ST. ANTHONY OFFICE 6 - 8 North Street St. Anthony, NL</p>	<p>LABRADOR CITY OFFICE 118 Humphrey Road Labrador City, NL</p>

website: http://www.servicnl.gov.nl.ca/departement/bmd_contact.html
e-mail: vstats@gov.nl.ca