



OFFICE OF THE REGISTRAR OF VITAL STATISTICS  
**APPLICATION TO CHANGE SEX ON BIRTH REGISTRATION**  
**APPLICANTS 15 YEARS OF AGE AND YOUNGER**

Registration number G
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This is an official application, made under section 12 of the *Vital Statistics Act*, to change the sex on a birth registration of a young person born in the Yukon. This application should only be used for applicants who are 15 years of age and younger.

All parts of this application are mandatory, except for Part 4, which should only be completed if the young person is 12 years of age or older.

The registrar of vital statistics must be satisfied as to the truth and sufficiency of the matters stated in this application and may require that you provide other documentary evidence if there are questions related to the truth and sufficiency of the matters.

**Submit your application**

- **In person:** We are located at 204 Lambert Street in Whitehorse on the fourth floor.
- **By mail:**  
 Government of Yukon  
 Office of the Registrar of Vital Statistics  
 Box 2703 (H-2), Whitehorse, Yukon Y1A 2C6

**Required documents that must accompany this application**

As part of this application, you must provide:

- one piece of valid, government-issued photo identification for the adult applicant; and
- all original birth certificates and/or certified copies of the registration of birth previously issued to the young person.

If you plan to mail the application, include a copy of the front and back of your identification.

**Part 1: Adult applicant's current contact information**

To make an application on behalf of a young person, the adult applicant must have custody of the young person or be authorized by the Yukon Supreme Court to make decisions on behalf of the young person.

Select one:

- I have custody of the young person.
- I have been authorized by the Yukon Supreme Court to make decisions on behalf of the young person, and a copy of the order or agreement has been enclosed with this application.

Surname	Given names
Relationship to young person	Phone number

**Mailing address**

UNIT # (OPTIONAL)	STREET NUMBER AND NAME OR P.O. BOX	CITY OR TOWN	PROVINCE OR TERRITORY	POSTAL CODE
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**Part 5: Consent of parents listed on the young person's birth registration**

The consent of all the parents listed on the child's birth registration must be obtained in this section.

**Parent 1**

I, \_\_\_\_\_, of \_\_\_\_\_  
PRINT NAME OF THE PARENT PLACE WHERE THE PARENT CURRENTLY LIVES

born, \_\_\_\_\_, consent to this application.  
PARENT'S DATE OF BIRTH

I am the child's:  Mother  Father  Other parent

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
NOTARY PUBLIC, JUSTICE OF THE PEACE OR JUDGE

\_\_\_\_\_  
YYYY/MM/DD

DATE

**Parent 2**

I, \_\_\_\_\_, of \_\_\_\_\_  
PRINT NAME OF THE PARENT PLACE WHERE THE PARENT CURRENTLY LIVES

born, \_\_\_\_\_, consent to this application.  
PARENT'S DATE OF BIRTH

I am the child's:  Mother  Father  Other parent

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
NOTARY PUBLIC, JUSTICE OF THE PEACE OR JUDGE

\_\_\_\_\_  
YYYY/MM/DD

DATE

**Parent 3**

I, \_\_\_\_\_, of \_\_\_\_\_  
PRINT NAME OF THE PARENT PLACE WHERE THE PARENT CURRENTLY LIVES

born, \_\_\_\_\_, consent to this application.  
PARENT'S DATE OF BIRTH

I am the child's:  Mother  Father  Other parent

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
NOTARY PUBLIC, JUSTICE OF THE PEACE OR JUDGE

\_\_\_\_\_  
YYYY/MM/DD

DATE

**Parent 4**

I, \_\_\_\_\_, of \_\_\_\_\_  
PRINT NAME OF THE PARENT PLACE WHERE THE PARENT CURRENTLY LIVES

born, \_\_\_\_\_, consent to this application.  
PARENT'S DATE OF BIRTH

I am the child's:  Mother  Father  Other parent

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
NOTARY PUBLIC, JUSTICE OF THE PEACE OR JUDGE

\_\_\_\_\_  
YYYY/MM/DD

DATE

### Part 6: Confirming adult's statement

Surname	Given names	Phone number
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#### Mailing address

UNIT # (OPTIONAL) STREET NUMBER AND NAME OR P.O. BOX CITY OR TOWN PROVINCE OR TERRITORY POSTAL CODE

I hereby certify that I am a:

- medical practitioner
- psychologist who is licensed or registered in the Yukon
- registered nurse
- nurse practitioner
- social worker with a Bachelor of Social Work degree or a Master of Social Work degree
- lawyer
- Chief or councillor of a Yukon First Nation
- teacher as defined in the *Teaching Profession Act*
- school counsellor employed at a Yukon school

I confirm that I have met with the young person who is the subject of this application, and, in my opinion, the young person would like to have their sex changed on their birth registration in accordance with Part 3 above.

\_\_\_\_\_  
SIGNATURE OF CONFIRMING ADULT

\_\_\_\_\_  
DATE

YYYY/MM/DD

### Part 7: Request for updated birth certificate

If the registrar of vital statistics accepts this application, they will amend the identified sex on the young person's birth registration. Existing birth certificates will be considered invalid. A birth certificate issued after the change will show the change of sex as though it was present at the time the birth was registered. Birth certificates are \$10 each and come in a:

- short form, which includes only the young person's information; or
- long form, which includes the young person's and their parents' information.

Select one:

- I would like an updated **short form** of the young person's birth certificate.
- I would like an updated **long form** of the young person's birth certificate.
- I do not want an updated version of the young person's birth certificate at this time.

### Part 8: Payment details

There is a \$10 fee to change your sex on your birth registration, and new certificates are \$10 each.

Select one:

- I have enclosed a cheque or money order with my application, made payable to the Government of Yukon.
- I plan to pay over the phone using my credit card. Call me when my application is received.
- I plan to attend the Office of the Registrar of Vital Statistics to pay in person.

<b>Office use only</b>	
Amendment to registration document	\$ 10
Birth certificate x _____ x \$10 <input type="checkbox"/> short form <input type="checkbox"/> long form	\$
Search of records x _____ x \$1	\$
<b>Total amount due</b>	<b>\$</b>
Paid stamp	Registered mail sticker or date Xpresspost sent