



CHANGE OF SEX ON REGISTRATION OF BIRTH

APPLICANTS UNDER 16 YEARS OF AGE

1. Applicant information (a person who has custody or is authorized by the Supreme Court applying for the young person)

Full legal name		Relationship to young person		
Mailing address (street address or postal box #)	City	Prov./State	Country	Postal code
Phone	Email		Preferred method of contact <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone	

2. Details of birth of young person as currently registered

Surname of young person (as stated on current registration of birth)		Given names		
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	Date of birth YYYY/MM/DD	Place of birth (city, town, village)		
Surname of parent (as stated on your current registration of birth)		Given name	Birthplace of parent	
Surname of parent (as stated on your current registration of birth)		Given name	Birthplace of parent	
Surname of parent (as stated on your current registration of birth)		Given name	Birthplace of parent	
Surname of parent (as stated on your current registration of birth)		Given name	Birthplace of parent	

3. Written declaration by applicant

I, _____ PRINT FULL LEGAL NAME solemnly declare that:

- I make this application to make a notation of change of sex on the birth registration of _____ PRINT NAME OF YOUNG PERSON from:

<input type="checkbox"/> Male to Female	<input type="checkbox"/> Female to Male	<input type="checkbox"/> X to Male
<input type="checkbox"/> Male to X	<input type="checkbox"/> Female to X	<input type="checkbox"/> X to Female
- I confirm that the young person meets all of the criteria in section 12(2) of the *Vital Statistics Act* to make a change of sex on their registration of birth and the young person would like to make the change.
- The written consent of all persons having custody of the young person and/or the Supreme Court Order dispensing of consent is included in the application.

Signature of applicant	<small>YYYY/MM/DD</small> Date
Signature of young person (if 12 years of age or over)	<small>YYYY/MM/DD</small> Date

Information is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act*, the *Access to Information and Protection of Privacy Act* and other applicable laws. A written statement of Health and Social Services information practices can be viewed at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca.

4. Consent for change of sex on registration of birth

The written consent of all persons having custody is required for young persons under 16 years of age unless the consent is dispensed with by order of the Supreme Court.

I/We, the persons having custody of _____, hereby give consent
PRINT NAME OF YOUNG PERSON
to the proposed change of sex on the young person's registration of birth from:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Male to Female | <input type="checkbox"/> Female to Male | <input type="checkbox"/> X to Male |
| <input type="checkbox"/> Male to X | <input type="checkbox"/> Female to X | <input type="checkbox"/> X to Female |

_____	_____	YYYY/MM/DD
Print full legal name of person having custody	Signature	Date
_____	_____	YYYY/MM/DD
Print full legal name of person having custody	Signature	Date
_____	_____	YYYY/MM/DD
Print full legal name of person having custody	Signature	Date
_____	_____	YYYY/MM/DD
Print full legal name of person having custody	Signature	Date

5. Confirming adult's statement

Full legal name of confirming adult			Phone	
Mailing address (street address or postal box #)	City	Prov./State	Country	Postal code

I hereby certify that I am a:

- Medical practitioner – YMC information: _____
- Psychologist – Name of licensing/registering body: _____
- Registered nurse – YRNA registration: _____
- Nurse Practitioner – YRNA registration: _____
- Social Worker – Qualifications and/or experience acceptable to the registrar: _____
- Lawyer – Law Society of Yukon
- Teacher – Yukon school: _____
- Chief or councillor – Name of Yukon First Nation: _____
- School Counsellor – Name of Yukon school: _____

I confirm that I have met with _____, and in my opinion the
PRINT NAME OF YOUNG PERSON
young person would like a notation of change of sex on their birth registration from:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Male to Female | <input type="checkbox"/> Female to Male | <input type="checkbox"/> X to Male |
| <input type="checkbox"/> Male to X | <input type="checkbox"/> Female to X | <input type="checkbox"/> X to Female |

_____	YYYY/MM/DD
Signature of confirming adult	Date

6. Certificates requested

If you are requesting a new certificate:

- | | |
|---|--|
| <input type="checkbox"/> Birth – short form (individual information only) | <input type="checkbox"/> Birth – long form (includes parental information) |
|---|--|

7. Fees and payment

Applications in the form required by the registrar of Vital Statistics must be accompanied by the required fee in Canadian dollars.

\$10 fee to amend registration of birth

\$10 fee to obtain a new birth certificate

Forms of payment

Credit card (If you are paying by credit card **attend** at the Vital Statistics Office **or phone** the office at 1-867-667-5207 or toll free (Yukon only) 1-800-661-0408 extension 5207 to provide details.)

Cash (in person – do not send cash in the mail)

Cheque (drawn on a Canadian bank)

Money order

OFFICE USE ONLY

Registration of birth has been changed and all previously issued birth certificates have been cancelled.

Registration of birth has not been changed. Reason:

Registrar: _____

Date: _____

How to apply:

In person: Vital Statistics
4th Floor, Financial Plaza
204 Lambert Street, Whitehorse, Yukon

By mail: Vital Statistics (H-2)
Health and Social Services, Government of Yukon
P.O. Box 2703, Whitehorse, Yukon, Y1A 2C6

Phone: 867-667-5207 or toll free 1-800-661-0408 extension 5207

Who is eligible?

- The young person (person under 16 years of age) must have been born in Yukon.

Required documents

- An application completed by a person having custody of the young person or a person authorized by the Supreme Court on behalf of the young person. (Section 1 and 2) Definition of **custody** from Part 2 of *The Children's Law Act*:
"custody", in relation to a child, includes right to care and nurturing of the child, the right to consent to medical treatment for child, the right to consent to the adoption or the marriage of the child, and the responsibilities associated with those rights, including the duty of supporting the child and of ensuring that the child is appropriately clothed, fed, educated and disciplined, and supplied with the other necessities of life and a good upbringing.
- Written declaration of applicant (section 3)
- Written consent of young person if they are 12 to 15 years of age (section 3)
- Written consent of all persons having custody or an order from the Supreme Court stating that the person's consent is not required (section 4)
- A signed statement from one confirming adult as listed in section 5.

Important information

- Complete the entire application to avoid delays with processing.
- Once the registrar has made the notation of change on your birth registration, your existing birth certificate(s) will be invalid. We ask that you return any existing copies of your birth certificate with your application for secure destruction.
- Applications must be accompanied by the required fee (in Canadian dollars).
 - \$10 fee to amend registration of birth
- After your application has been approved you may order a new birth certificate.
 - \$10 fee to obtain a new birth certificate