



SUPPORT FOR A CHANGE OF SEX DESIGNATION ON AN IMMIGRATION, REFUGEES AND CITIZENSHIP CANADA (IRCC) DOCUMENT

From Date (YYYY-MM-DD)

To

Patient's current full legal name ▶ _____

Patient's date of birth (YYYY-MM-DD) ▶ _____

My health care profession is:

- Medical Practitioner (example: physician, psychiatrist, surgeon)
- Psychologist

I have treated or evaluated the patient _____ born on _____
 for the purpose of gender identity. (Patient's current legal name in full) Patient's date of birth (YYYY-MM-DD)

I attest that the sex designation on the applicant's current IRCC document does not accord with their lived gender identity, and that it is appropriate to request the sex designation to be amended from: _____ to: _____
 (current sex designation) (requested sex designation)

I confirm that I am in good standing with the regulatory authority indicated below.

Name of health care professional	Regulatory authority	
Certificate/license/registration number (if outside Canada, please attach evidence of qualification)		
Signature of health care professional	Date (YYYY-MM-DD)	
Signed at:		
City/Town	State/Province	Country