PHYSICIAN'S AFFIDAVIT

I, __________________________________, attest under penalty of perjury as follows:

(Print Physician’s Full Name)

I am a United States licensed physician.

My medical license number is: ______________________. The issuing State is: ____________.

I have a bona fide physician-patient relationship with: ______________________, the birth registrant.

(Patient’s Full Name)

I have treated and evaluated the birth registrant and have reviewed and evaluated the birth registrant's medical history.

The birth registrant has had appropriate clinical treatment for gender transition from __________ to the new gender __________. (Fill in both blanks with the applicable gender)

The birth registrant has completed the transition to the new gender __________. (Fill in the blank with the applicable gender)

I have seen a copy of the birth registrant's birth certificate and the new gender does not align with the sex designation on the birth registrant's birth certificate.

I hereby declare under oath that the above statements are true and correct:

__________________________________________  _______________________________________

(PHYSICIAN’S SIGNATURE) (DATE)

Subscribed and sworn before me this:

________ Day of ______________________, 20__

Doc. Date: ___________  # of Pages: ___________

Doc. Description: ______________________________

Jurisdiction in which document signed: __________

By ______________________

(Notary signature)

(Notary Seal)

Print Name ________________________________

Date ______________________________________

Notary Public, State of ______________________

My commission expires: ________________

A "bona fide physician-patient relationship" means a relationship in which the physician has an ongoing responsibility for the assessment, care, and treatment of a patient’s medical condition with respect to transitioning to a new gender.