

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: _____

(Notary Seal)

By _____
(Notary signature)

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.