

*[Physician's Letterhead Here]*

**Physician's Letter Template Certifying Applicant's Gender Change**

I, \_\_\_\_\_ [physician's full name],  
\_\_\_\_\_  
\_\_\_\_\_ [physician's medical license/certificate number],  
\_\_\_\_\_ [issuing state/country of the medical license/certificate],  
am the physician of \_\_\_\_\_ [full name of patient],  
\_\_\_\_\_ [date of birth of patient] with whom I have a  
doctor/patient relationship and whom I have treated, or with whom I have a doctor/patient  
relationship and whose medical history I have reviewed and evaluated.

I affirm that \_\_\_\_\_ [Name of Patient] has had appropriate  
clinical treatment for gender transition to the new gender of \_\_\_\_\_ [male/female].

I declare under penalty of perjury under the laws of the United States that the foregoing is true and  
correct.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Physician

\_\_\_\_\_  
Physician's Address