

CHANGE OF SEX DESIGNATION - 16 YEARS OF AGE OR OLDER

Instructions to complete application to Vital Statistics, Service Nova Scotia



How to apply

- In person or by mail.

Who is eligible?

- The applicant must be born in Nova Scotia.

Required documents

- An application for a change of sex designation completed by the individual requesting the change. (Section 1)
- A written statement from the applicant that the applicant has assumed, identifies with and intends to maintain the gender identity that corresponds with the change requested (Section 2)
- A written statement from a Physician, Psychologist, Nurse Practitioner, Registered Nurse or Social Worker: (Section 3)
 - ▶ Who practices their profession in the Province; or where the applicant is habitually resident outside of the Province, who practices their profession outside of the Province.
 - ▶ That affirms the sex shown on the applicant's birth registration does not correspond with the applicant's gender identity.

Important Information

Please complete the entire application so we can process your request as soon as possible.

- If documents submitted with the application are in a language other than English or French, you must submit an official translation from a certified translator.
- The following certificates include sex designation: short and long form birth certificates, long form marriage certificate and long form domestic partnership certificate.
- Short and long form birth certificates, long form marriage and domestic partnership certificates issued prior to the change of sex designation must be returned to Vital Statistics.
- As part of this application process you may order new certificate(s): (Section 5)
 - ▶ Short Form Birth Certificate: Individual information only – includes name, sex, place and date of birth.
 - ▶ Long Form Birth Certificate: Parental information included – includes the short form certificate information, plus names and birthplaces of parent(s) listed on registration.
 - ▶ Short Form Marriage Certificate: Includes names of parties to the marriage, place of marriage, and date of marriage.
 - ▶ Long Form Marriage Certificate: Certified photographic copy of the original marriage registration.
 - ▶ Short Form Domestic Partnership Certificate: Includes given and surnames of both parties, registration date, registration number, and date issued.
 - ▶ Long Form Domestic Partnership Certificate: Certified photographic copy of the original domestic partner declaration.
- An amendment fee of \$24.95 is charged when you change the sex designation on your birth registration. Records we hold pertaining to you will also need to be amended. If applicable, an additional \$24.95 is charged for each record amended, for example marriage and or domestic partnership records. Please note, these fees do not include new certificates. (Section 6)

Privacy Information

The information on this form is collected under the authority of the Nova Scotia Vital Statistics Act, Chapter 494 (Revised Statutes of Nova Scotia 1989).

Contact Us

Contact Information

Phone 902-424-4381
Toll Free within NS 1-877-848-2578
Fax 902-450-7311
Email vstat@novascotia.ca
Website novascotia.ca/sns/access/vitalstats.asp

Office Location

300 Horseshoe Lake Dr.
Halifax, NS
B3S 0B7

Hours

8:30am to 4:30pm
Monday to Friday (except holidays)

Postal Address

Vital Statistics
PO Box 157
Halifax, NS
B3J 2M9

SECTION 1 - DETAILS OF BIRTH AS CURRENTLY REGISTERED - Please print

Surname

First Name | Second Name | Other Given Names | Male Female

Date of Birth | Month | Day | Year | Place of Birth (City, Town, or Village) | Province
NOVA SCOTIA

SECTION 1.1 - FATHER'S / OTHER PARENT'S DETAILS - If stated on birth record

Surname

First Name | Second Name | Other Given Names

Place of Birth (City, Town, or Village) | Province/State | Country

SECTION 1.2 - MOTHER'S DETAILS - Mother's maiden surname (as stated on official birth registration)

Surname

First Name | Second Name | Other Given Names

Place of Birth (City, Town, or Village) | Province/State | Country

SECTION 1.3 - MARITAL STATUS OR DOMESTIC PARTNERSHIP -(Please Box)

Never Married | Married | Divorced | Widowed | Domestic Partnership

Surname of Spouse or Domestic Partner | First Name

Second Name | Other Given Names

Date of Marriage or Domestic Partnership | Month | Day | Year | Place of Marriage or Domestic Partnership

SECTION 2 - WRITTEN STATEMENT BY APPLICANT

I, _____ solemnly declare that:
Please Print Full Name

1. I make this application to change the sex designation on my Nova Scotia birth certificate from:

(Please ✓ Box)

Male to Female

Or

Female to Male

2. I have assumed, identify with and intend to maintain the gender identity that corresponds with the requested change in sex designation.

3. I understand that all previously issued birth certificates will no longer be valid upon completion of my change of sex designation and that they will be cancelled.

(Please ✓ Box)

I am enclosing all previously issued Nova Scotia birth certificates.

Or

I currently do not have a Nova Scotia birth certificate.

4. I understand that it is an offense for me or anyone else to use a birth certificate that has been cancelled.

Signature of Applicant: _____ Date: _____

SECTION 3 - WRITTEN STATEMENT FROM PROFESSIONAL FOR PERSONS 16 YEARS OF AGE OR OLDER

The professional's written statement is in support of the applicant's request to change the sex designation on their birth registration by affirming that the person identifies themselves as a particular gender.

SECTION 3.1 - PROFESSIONAL'S INFORMATION

Surname

First Name

Second Name

Mailing Address (Civic # or PO Box)

Street Name

City/Town

Province

Postal Code

Contact #

I hereby certify that: I am a Physician Psychologist Nurse Practitioner Registered Nurse Social Worker (Please ✓ Box)

I am registered and practicing in Nova Scotia Or outside Nova Scotia. (Please ✓ Box)

SECTION 3.2 - PROFESSIONAL REGULATORY AUTHORITY

Name of Registering Body:

Civic Address:

Certificate/License/Registration Number:

Contact #

Applicant's current full legal name:

Surname, First and All Given Names - Please Print

Applicant's date of birth is _____

Month

Day

Year

In my opinion the sex shown on the applicant's birth registration does not correspond with the applicant's gender identity. I support the applicant's request to change the sex designation on their birth registration from:

Male to Female Or Female to Male (Please ✓ Box)

Signature: _____ Date: _____

SECTION 3.3 - RESOURCES FOR PROFESSIONALS

For additional resources, professionals may refer to the guidelines established by the World Professional Association for Transgender Health (WPATH), Standards of Care at www.wpath.org.

SECTION 4 - APPLICANT'S ADDRESS INFORMATION – Please print

Surname _____

First Name _____	Second Name _____	Other Given Names _____
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Mailing Address (Civic# or PO Box) _____

City _____	Province/State _____	Country _____	Postal Code _____
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Civic Address (If different than above) _____

City _____	Province/State _____	Country _____	Postal Code _____
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Home Number _____	Daytime Contact Number _____	Mobile Number _____	E-mail address _____
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SECTION 5 - CERTIFICATES REQUESTED - Please indicate types and number of certificate(s) requested

	Total Qty.	Fee(s)
<input type="checkbox"/> Birth-Short Form _____ <input type="checkbox"/> Marriage-Short Form _____ <input type="checkbox"/> Domestic Partnership-Short Form _____		\$33.00
<input type="checkbox"/> Birth-Long Form _____ <input type="checkbox"/> Marriage-Long Form _____ <input type="checkbox"/> Domestic Partnership-Long Form _____		\$39.90

SECTION 6 - PAYMENT TYPE AND OPTIONAL FEE - (Please ✓ box)

- Cheque or Money Order (payable to the Minister of Finance) → Submitted by Mail In person
 Debit Card/Cash → Payment may only be made in person at the counter
 Credit Card → Visa American Express Master Card
 Optional Fee \$20.00 (Certificates delivered using courier service; this fee does not expedite processing time)

AMOUNT ENCLOSED

Amendment Fee(s) (Include fee for each record being amended) _____
 New Certificate Fee(s) _____
 Courier (Optional) _____
 Total Amount Enclosed _____

\$
\$
\$



OFFICE USE ONLY

Credit card information to be removed and shredded as soon as the credit card payment is processed, and approved number received.

Credit Card Payments – Complete credit card section below

Credit Card Number _____
 Expiry Date _____
 Name as shown on credit card _____
 Cardholder Signature _____