

Date: 2025-01-10

To: Service Ontario
The Office of the Registrar General

Re: Application by [CURRENT LEGAL NAME] (preferred name: [PREFERRED NAME])
for a change in gender designation on their birth registration.

I am a practicing member in good standing with the College of Physicians and Surgeons of Ontario.

License No: [CPSO #]

Billing No: [BILLING #]

I have evaluated the applicant, who is requesting a change in gender designation from [M to F, F to X, etc]

I can confirm that the applicant's gender identity does not accord with the [Current listing of F/M/X] gender designation on the applicant's current identity documents, and I am of the opinion that the change of gender designation on the birth registration is appropriate.

Please do not hesitate to contact us if you have any questions or concerns.

Thank you,
[Signature]

[Physician's Name], MD CCFP

[Clinic Address & Contact info]