

- 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)
 - The written consent of every person who has care and custody of the applicant. A Judge of the Supreme Court of Nova Scotia may order that the person's consent be dispensed with, if it is in the interest of the applicant to do so. Where applicable original court order to dispense with consent and/or original guardianship papers are to be included with your application. (Section 2)
 - 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 3)
 - A written statement from a Physician or Psychologist: (Section 4)
 - ▶ 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 confirms they have treated or evaluated the applicant and that in their opinion the applicant has the capacity to make an informed decision about whether to make an application for a change of sex designation.
 - ▶ 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.
 - All birth certificates issued prior to the change of sex designation must be returned to Vital Statistics.
 - An amendment fee of \$24.95 is charged when you change the sex designation on your birth registration. Please note, this fee does not include a new birth certificate.

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 902-450-7313
Email vstat@novascotia.ca
Website novascotia.ca/sns/access/vitalstats.asp

Office Location

300 Horseshoe Lake Dr.
Bayers Lake Business Park
Halifax, NS
B3S 0B7

Hours

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

Postal Address

Vital Statistics
PO Box 157
Halifax, NS
B3J 2M9

SECTION 1 - APPLICANT'S 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 registration

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 birth registration)

Surname _____

First Name _____ Second Name _____ Other Given Names _____

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

SECTION 2 - CONSENT FOR CHANGE OF SEX DESIGNATION ON BIRTH REGISTRATION

The written consent of every person who has care and custody of an applicant aged 15 years or younger is required, unless dispensed with by the Court.

I/We _____
Surname _____ First Name _____ Second and Other Given Names _____

Surname _____ First Name _____ Second and Other Given Names _____

the parent(s) or legal guardian(s) of: _____
Surname _____ First Name _____ Second and Other Given Names _____

hereby give consent to the proposed change of sex designation for my/our child's birth registration from:

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

Signature of Parent or Legal Guardian _____ Date: _____

Signature of Parent or Legal Guardian _____ Date: _____

SECTION 3 - 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 4 - WRITTEN STATEMENT FROM PROFESSIONAL FOR PERSONS 15 YEARS OF AGE AND YOUNGER

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 4.1 - PROFESSIONAL'S INFORMATION

Surname

First Name

Second Name

Mailing Address (Civic # or PO Box)

Street Name

City/Town

Province

Postal Code

Contact #

Facsimile #

I hereby certify that: I am a Physician Psychologist (Please ✓ Box)

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

SECTION 4.2 - PROFESSIONAL REGULATORY AUTHORITY

Name of Registering Body:

Civic Address:

Certificate/License/Registration Number:

Contact #

I have treated or evaluated the applicant, whose current full legal name is:

Surname, First and All Given Names - Please Print

Applicant's date of birth is _____
Month Day Year

It is my opinion the applicant has the capacity to make an informed decision about whether to make an application to request a change to the sex designation on their birth registration. 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 4.3 - 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 5 - APPLICANT'S ADDRESS INFORMATION - Please print

Surname _____

First Name _____

Second Name _____

Other Given Names _____

Mailing Address (Civic# or PO Box) _____

City _____

Province/State _____

Country _____

Postal Code _____

Civic Address (If different than above) _____

City _____

Province/State _____

Country _____

Postal Code _____

Home Number _____

Daytime Contact Number _____

Mobile Number _____

E-mail address _____

SECTION 6 - DESCRIPTION OF BIRTH CERTIFICATES - Please indicate types and number of certificate(s) requested

	Qty.	Fee(s)
<input type="checkbox"/> Short form birth certificate-Individual Information only- Includes name, sex, place and date of birth.		\$33.00
<input type="checkbox"/> Long form birth certificate-Parental information included- Includes the short form certificate information, plus names and birthplaces of parent(s) listed on the registration.		\$39.90

SECTION 7 - 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)

\$ 24.95

New Certificate Fee(s)

\$

Courier (Optional)

\$

Total Amount Enclosed

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Payee Information-Complete section below.

Name as shown on Credit Card, Debit Card, Cheque or Money Order _____

Mailing Address (If different than above) _____

Signature _____



OFFICE USE ONLY

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

Please do not provide credit card and expiry date if payment made in person at counter.

Credit Card Number _____

Expiry Date _____