

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

In re:

Name on Certificate

PETITION FOR ISSUANCE OF ORDER CONFIRMING GENDER REASSIGNMENT

I am seeking Court approval for the issuance of an order confirming gender reassignment pursuant to 18 V.S.A. §5112 so that I can obtain a new birth certificate. In support of my request, I state the following under oath:

1) Information About the Myself:

a. Date of Birth:	<i>Month</i>	<i>Day</i>	<i>Year</i>
b. Location of Birth:	<i>Town/City of Birth</i>	<i>County</i>	VT
c. The birth record is on file in the town/city named above:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Sex as stated on the original birth certificate:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
e. Sex after completion of surgical, hormonal or other treatment appropriate for the purpose of gender transition:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

2) I have completed gender reassignment through the use of hormonal, surgical or other treatment for the purpose of gender transition and I seek a new birth certificate confirming that gender reassignment has occurred. I have attached an affidavit from my licensed physician confirming the facts affirmed herein

I therefore request that the Court issue a Decree directing the Supervisor of the State of Vermont Vital Records Registration to prepare and file a new certificate of birth with the Clerk of the Town/City of birth at _____, Vermont.

Attached are: Filing fee made payable to the "Vermont Superior Court"
Certified copy of original Birth Certificate
Affidavit of Physician in Support of Petition for Issuance of New Birth Certificate - 700-00207AP

Date

Signature of Petitioner

Printed Name

Petitioner's Phone Number

Petitioner's Address

Signed and sworn to before me:

Date

Signature of Notary Public

Expiration Date