Sample Doctor's Letter for Sex Designation Changes

This letter meets federal requirements to change the sex designation with Social Security, on a passport, or on immigration documents. It can also be used to change the sex designation with the NY DMV and on New York City (but not New York State) birth certificates. It does not need to be notarized.

Sample letter meeting federal government requirements:

Date

I, [Physician’s Full Name], am the physician of [Preferred Name of patient a/k/a Current legal name], DOB: [Date of Birth], 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].

[Preferred Name of Patient] has had appropriate clinical treatment for gender transition to the new gender of [specify male or female].

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

Signature of Physician
Typed Name of Physician
[issuing U.S. State/Foreign Country of medical license/certificate & physician’s medical license or certificate number]

Requirements for this letter:

- Printed on letterhead that includes:
  - Physician’s address
  - Telephone number
- Signed by an MD or DO
- Provide three original copies to the patient.
  - Photocopies and scans are not acceptable.
  - Ideally, sign in blue ink.