

**PROBATE COURT OF WAYNE COUNTY, OHIO,
LATECIA E. WILES, Judge**

IN THE MATTER OF THE BIRTH RECORD OF _____

CASE NUMBER _____

**LICENSED PROFESSIONAL STATEMENT
TO CHANGE GENDER RECORD ON BIRTH RECORD**

LICENSED PROFESSIONAL'S STATEMENT

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.

- PHYSICIAN NURSE PRACTITIONER PSYCHOLOGIST
 THERAPIST SOCIAL WORKER OTHER: _____

PATIENT'S NAME (APPLICANT)

LICENSED PROFESSIONAL'S LAST NAME	FIRST NAME	TELEPHONE NUMBER
PROFESSIONAL LICENSE / CERTIFICATE NUMBER	ISSUING STATE	NAME OF HOSPITAL OR MEDICAL CLINIC
STREET ADDRESS	CITY, STATE	ZIP CODE

MY PROFESSIONAL OPINION IS THAT THE APPLICANT'S GENDER IDENTITY IS: MALE FEMALE

If you have any additional or supporting medical documentation you would like the Court to consider, please attach it to this Licensed Professional Statement.

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the applicant named above, who is my patient. I certify under the penalty of perjury that all the information on this form is true and correct.

Licensed Professional Signature Date

Licensed Professional Work Address

Name of Licensed Professional (Print or Type)

City, State, ZIP Code

Licensed Professional State License Number

Phone Number