

PROBATE COURT OF LUCAS COUNTY, OHIO
JUDGE JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF
THE BIRTH RECORD OF _____

CASE NO. _____

LICENSED PROFESSIONAL STATEMENT
REGARDING BIRTH RECORD CHANGE

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: _____

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

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

Date

Signature of Licensed Professional

Typed or Printed Name