



VERMONT

Affidavit of Physician in Support of Issuance of

DEPARTMENT OF HEALTH

New Birth Certificate

Vital Records Office

P.O. Box 70

Burlington, VT 05402

Name on Original Birth Certificate

[Empty rectangular box for name entry]

I state under oath:

- 1. I am a physician licensed to practice medicine in the State of _____
- 2. My medical license number is _____
- 3. I have treated or evaluated the above-named individual.
- 4. The above-named individual has undergone surgical, hormonal, or other treatment appropriate for that individual for the purpose of gender transition: Yes No
- 5. I make the following additional statements in support of the petition:

Based on the foregoing, I support the issuance of a new birth certificate for the above-named individual showing sex as Male Female.

Signature: _____ Date: __/__/____

Print Name: _____

Subscribed and sworn before me on _____
date

Signature of Notary Public _____

My commission expires on _____
date