

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.

[Empty box for Unit and Docket No.]

In re:

Name on Certificate

[Empty box for Name on Certificate]

AFFIDAVIT OF PHYSICIAN IN SUPPORT OF PETITION FOR ISSUANCE OF NEW BIRTH CERTIFICATE

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:

[Three horizontal lines for additional statements]

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

Date

Signature of Physician

Printed Name

Signed and sworn to before me:

Notary Public signature box with fields for Date, Signature of Notary Public, and Expiration Date.