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Registration Number	
Amendment Number	
Service Request Number	Pre-Registration Number

Affidavit Sex Indicator Amendment for an Adult

In the matter of the amendment of my sex indicator on my birth record,

I, _____
Print Full Name of Applicant

of _____
Street Address City/Town/Village/Hamlet Province/Country Postal/Zip Code

make oath and say that:

I My date of birth is _____
Month by Name, Day, Year

I I make this affidavit in support of amending the sex indicator on my birth record (*check one only*)

- From M to F
- From M to X
- From F to M
- From F to X
- From X to M
- From X to F

Sworn/Affirmed before me at _____
in the Province of _____
dated _____



X _____
Signature of Applicant

X _____
Signature of Commissioner for Oaths/Notary Public in and for Alberta

Print or Stamp Name My Appointment Expires