



Registration Number	
Amendment Number	
Service Request Number	Pre-Registration Number

This information is collected in accordance with the *Vital Statistics Act and Regulation*. It is required by Vital Statistics to register and may be used for statistical and genealogical purposes or delivering joint provincial and federal programs. Collection is authorized under s. 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Vital Statistics @ Box 2023, Edmonton, AB T5J 4W7 or 780-427-7013 (toll free 310-0000 within Alberta).

## Professional Statement for Minor Under 12

I, \_\_\_\_\_  
Print Full Name of Professional

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

confirm that I am (*check one only*):

A regulated member of the College of Physicians and Surgeons of Alberta  
 A regulated member of an organization that is similar to the College of Physicians and Surgeons of Alberta from another jurisdiction - \_\_\_\_\_  
 Print Name of Jurisdiction

A regulated member of the College of Alberta Psychologists  
 A regulated member of an organization that is similar to the College of Alberta Psychologists from another jurisdiction - \_\_\_\_\_  
 Print Name of Jurisdiction

A regulated member of the College and Association of Registered Nurses of Alberta  
 A regulated member of an organization that is similar to the College and Association of Registered Nurses of Alberta from another jurisdiction - \_\_\_\_\_  
 Print Name of Jurisdiction

A regulated member of the Alberta College of Social Workers  
 A regulated member of an organization that is similar to the Alberta College of Social Workers from another jurisdiction - \_\_\_\_\_  
 Print Name of Jurisdiction

My practice permit, licence or reference number or equivalent identifier for professional licensing purposes is \_\_\_\_\_

I have treated, evaluated or consulted with the minor and in my professional opinion, it is appropriate that

\_\_\_\_\_  
Full Name of Minor Whose Sex Indicator is Being Amended

whose date of birth is \_\_\_\_\_ should have their sex identifier amended (*check one only*)  
 Month by Name, Day, Year

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Signature of Professional

**This statement must be dated and signed within 1 year from the date of the sex indicator amendment application.**