

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
 PROBATE DIVISION
 JUDGE TERRE L. VANDERVOORT**

IN THE MATTER OF THE BIRTH RECORD OF _____

CASE NO. _____

**STATEMENT OF LICENSED PROFESSIONAL
 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 who certifies the gender identity of the applicant.

Title/Licensure <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> NURSE PRACTICIONER <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> THERAPIST <input type="checkbox"/> SOCIAL WORKER <input type="checkbox"/> OTHER: _____		
LAST NAME	FIRST NAME	PHONE
LICENSE/CERTIFICATE NUMBER	ISSUING STATE	HOSPITAL OR MEDICAL CLINIC
STREET ADDRESS	CITY, STATE	ZIP CODE
My professional opinion is that the applicant's gender identity is: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

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

Date

Signature of Licensed Professional

Typed/Printed Name