

[DOCTOR's LETTERHEAD with ADDRESS AND CONTACT INFORMATION]

Letter to Support Name and Gender Marker Change

[DATE]

RE: [PATIENT NAME]

LEGAL NAME: [PATIENT LEGAL NAME]

BIRTH DATE: 00/00/0000

To Whom It May Concern:

I, [NAME OF PROVIDER], am the provider of [PATIENT NAME], with whom I have a doctor/patient relationship, and for whom I have provided medical care since [DATE OF INTAKE]. [PATIENT NAME] has been masculinizing/feminizing her/his/their body with gender affirming hormone therapy with supervision from our clinic since [DATE].

In my medical opinion, [PATIENT NAME] is a woman/man/non-binary. [PATIENT NAME] has received appropriate clinical treatment for gender transition to the gender of female/male/non-binary.

When [PATIENT NAME] is identified in a manner on her/his/their passport, driver's license and social security records in a way that does not accurately reflect her/his/their gender, it can cause confusion and bias, leading to unnecessary stressors for my patient. Correctly identifying [PATIENT NAME] as female/male/non-binary will alleviate unnecessary mental distress and improve the patient's overall health.

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

Sincerely,

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[NAME OF PROVIDER AND CREDENTIALS]

[LICENSE NUMBER]