[PHYSICIANS LETTERHEAD]

I, physician’s full name, physician’s medical license or certificate number, issuing U.S. State/Foreign Country of medical license/certificate, am the physician of current legal name of patient, aka new legal name of patient with whom I have a doctor/patient relationship and whom I have treated.

Name of patient has had appropriate clinical treatment for gender transition to the new gender male/female and is irrevocably committed to this change.

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

Signature

Typed Name

Date

NOTES TO PREPARING PHYSICIAN/STAFF:

1. This letter must be worded exactly as above, please do not make ANY changes
2. Do not add any additional information, the three agencies requiring this information do not want any additional information
3. The physician licensing information is critical, and two of the three agencies will reject the letter without them.
4. To complete, copy to doctor’s letterhead and replace red text with the appropriate information.
5. **This format supersedes any and all other formats that have been published by SAGA prior to 10/28/15**.