

**COURT OF COMMON PLEAS
SANDUSKY COUNTY, OHIO
PROBATE DIVISION**

IN THE MATTER OF THE BIRTH RECORD OF _____
(First, Middle, and Last Name)

CASE NO. _____

**LICENSED PROFESSIONAL STATEMENT
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 that certifies the gender identity of the applicant.

PHYSICIAN NURSE PRACTITIONER PSYCHOLOGIST
 THERAPIST SOCIAL WORKER OTHER: _____

LICENSED PROFESSIONAL'S LAST NAME	FIRST NAME	TELEPHONE NUMBER
PROFESSIONAL LICENSE / CERTIFICATE NUMBER	ISSUING STATE	NAME OF HOSPITAL OR MEDICAL CLINIC
STREET ADDRESS	CITY, STATE	ZIP CODE

MY PROFESSIONAL OPINION IS THAT THE APPLICANT IDENTIFIES AS FEMALE MALE, WHICH IS THE SEX OPPOSITE OF WHAT IS CURRENTLY INDICATED ON THE BIRTH RECORD, AND SUPPORTS THE APPLICATION TO CHANGE SEX MARKER ON THE BIRTH RECORD.

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

Date

Signature of Licensed Professional

Typed or Printed Name

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

Notary Public