

COMBINED APPLICATION FOR A CHANGE OF SEX DESIGNATION ON A SASKATCHEWAN BIRTH CERTIFICATE AND SASKATCHEWAN HEALTH CARD

Instructions:

1. This application form is for use by an applicant whose birth occurred in Saskatchewan:
 - a. to change the sex designation on their birth certificate, **AND**
 - b. to change the sex designation on their Saskatchewan health card (optional)
2. The fee to change a sex designation on a Saskatchewan Birth Certificate is \$20.00.
3. There is no fee to change a sex designation on your Saskatchewan health card. A replacement health card will be automatically sent to you.
4. Submit this completed application form and fees by:

Email (if payment is by credit card): Registrations@eHealthSask.ca

Mail or In-Person: Health Registries, Vital Statistics
2130 11th Avenue
Regina, SK S4P 0J5

5. Return all previously issued Saskatchewan birth certificates by mail to our office.

Applicant Information (required) (individual changing their sex designation)

Surname _____ Given Name(s) _____

Mailing Address

Street Address	City/Town/Village	Province	Postal Code
Phone Number _____	Email _____		

Birth Information (required)

Surname _____ Given Name(s) _____
(last name at birth or following an adoption or legal change of name)

Date of Birth _____ Place of Birth _____, Saskatchewan

Father/Parent Surname _____ Father/Parent Given Name(s) _____

Mother/Parent Surname _____ Mother/Parent Given Name(s) _____
(last name at birth)

Request to Change Birth Certificate & Statutory Declaration (required) – Vital Statistics

I, _____, make an election to change my sex designation on my
(Applicant's current full legal surname and given names)

Saskatchewan Birth Certificate to Check one: **Male** OR **Female** OR **X (Non-Binary)**

I have assumed, identify with, and intend to maintain the gender identity that corresponds with the requested change to my sex designation.

I make this solemn declaration conscientiously believing it to be true and knowing it to be of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

Declared before me at _____ in the Province/State/Country of _____
(city, town, village)

On _____
(Date (DD/MM/YYYY))

Signature of Applicant

Signature of a Commissioner for Oaths, Notary Public, or Solicitor

My commission/appointment expires: _____ (Day/Month/Year)

Supporting Statement from Health Care Professional for Change of Sex Designation (required) – Vital Statistics

I, _____
Print Full Name of Professional

Of

Street Address City/Town/Village Province Postal Code

Phone _____

Am a registered: **Physician** **Psychologist**

Registration/Certificate/License Number _____

I am a member in good standing and am licensed to practice within Saskatchewan or within another Canadian jurisdiction. (If outside of Canada, attach proof of qualification to practice in that jurisdiction).

I have treated or evaluated _____ whose date of birth is _____
Full Legal name of Applicant Date (DD/MM/YYYY)

In my professional opinion, the applicant has assumed, identifies with and is maintaining the gender identity of:

(check one) **MALE** **FEMALE** **X (Non-Binary)**

that corresponds with the requested amendment to the sex designation on their statement of live birth. In my professional opinion, the change of sex designation on the applicant's statement of live birth is appropriate.

Check ONLY If the Applicant is Under 18 Years of Age

In my professional opinion the applicant has the capacity to make health care decisions.

Signature of Health Care Professional

Date (DD/MM/YYYY)

Request to Change Sex on Health Card – Health Registries (required)

I make an election to change my sex designation on my:

Saskatchewan Health Card to

Check one: **Male** OR **Female** OR **Non-Binary (Non-Display)**

My Health Services Number (HSN) is (if known) _____

(If you choose to change your sex designation on your health card, a new card will automatically be sent to you.)

If I choose to change the sex designation on my Saskatchewan Health Card, I acknowledge that there are provincial health screening programs and services that are specific to either men or women (such as prostate screening or mammography). Responsible health organizations try to ensure that eligible patients receive information related to these services. If the sex designation on my health card is changed, I understand that I should speak to my physician or another health care professional about screening programs and other implications to the quality of care provided to me, as it relates to changing the sex designation on my health card.

I acknowledge, if I am choosing non-display that sex is retained within the confidential health system. There will be no sex physically displayed on the health card.

Signature of Applicant

(Date (DD/MM/YYYY))

BIRTH CERTIFICATE REQUEST FORM (OPTIONAL)



The fee to change a sex designation on a Saskatchewan Birth Certificate is \$20.00.

If you wish to purchase a birth certificate with the amended sex designation, indicate the number of certificates below and include the appropriate fees with this application.

Quantity	Fee Per Certificate	Type of Certificate
_____	\$20	Cost to amend birth registration to show amended sex designation. (This fee must be included in your total.)
_____	\$35	Short Form Birth Certificate (does not include parental information) Includes: full name of the individual, date of birth, place of birth, sex, registration number, registration date, date certificate issued. <input type="checkbox"/> I do NOT want sex displayed on this birth certificate (optional)
_____	\$40	Long Form Birth Certificate (includes parental information) Recommended for individuals under age 16 Includes: full name of the individual, date of birth, place of birth, sex, parents' names and places of birth, registration number, registration date, date certificate issued <input type="checkbox"/> I do NOT want sex displayed on this birth certificate (optional)
_____	\$55	Copy of Registration of Live Birth (not a birth certificate) <ul style="list-style-type: none"> • Copy of the registration of live birth printed on certified paper • Commonly required for international purposes • Not usually acceptable for personal identification

*****Please complete the attached payment form if your payment is by credit card*****

PAYMENT FORM: (DO NOT SEND CASH THROUGH MAIL)

\$ Method of Payment	
Note: Payments must be made in Canadian funds.	
By Mail:	In person: 2130 11 th Ave., Regina, SK
<input type="checkbox"/> Cheque / Certified Cheque - payable to eHealth Saskatchewan (orders paid by personal cheque will be delayed until cheque clears the bank)	<input type="checkbox"/> Debit
<input type="checkbox"/> Money Order - payable to eHealth Saskatchewan	<input type="checkbox"/> Cash
<input type="checkbox"/> Visa 	Payment Amount _____
<input type="checkbox"/> MasterCard 	
(Visa Debit and MasterCard Debit are not accepted)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Expiry Date
_____	X _____
Cardholder's Name	Cardholder's Signature (MANDATORY)