

Request to Change Sex Designation on Saskatchewan Health Card

(Born Outside Saskatchewan – Birth Certificate Cannot Be Changed)

Instructions

Use this form only if you were born outside Saskatchewan and are unable to obtain a birth certificate showing the requested sex designation from the jurisdiction where you were born.

Submit the completed form and required documents by mail or in person to:
eHealth Saskatchewan
101-1901 Scarth Street
Regina, SK S4P 2H1

If your request is approved, a new Saskatchewan health card will be mailed to you automatically.

Documents Required

You must submit all of the following:

1) A completed statutory declaration, signed before a Commissioner for Oaths, Notary Public, or Solicitor, that includes:

- Your name as it currently appears on your birth registration
- Your date of birth
- Your current mailing address, telephone number, and email address (if available)
- Your request to change the sex designation
- The reason you are unable to obtain a birth certificate showing the requested sex designation from the jurisdiction where you were born
- A statement confirming that you have assumed, identify with, and intend to maintain the gender identity that corresponds with the requested change

2) Supporting Statement from a Health Care Professional

3) Acknowledgement

Applicant Information

Last Name: _____ First name(s): _____

Street address: _____

City/Town: _____ Postal code: _____

Date of Birth: _____ Health Services Number (HSN) (if known): _____
(dd/mm/yyyy)

Phone Number: _____ Email: _____

Supporting Statement from Health Care Professional

I, _____

Print full name of professional

of _____

Street address

City/Town/Village

Province

Postal code

Phone: _____

Am a registered: Physician Psychologist

Registration / Certificate / Licence Number: _____

I am a member in good standing and licensed to practise in Saskatchewan or another Canadian jurisdiction.

(If licensed outside Canada, attach proof of qualification to practise in that jurisdiction.)

I have treated or evaluated: _____

Full legal name of applicant

If Applicant is Under 18 Years of Age

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

I confirm that the applicant has assumed, identifies with, and is maintaining the gender identity of:

Male Female X (Non-binary)

This corresponds with the requested amendment to the sex designation on their health card. In my professional opinion, the change of sex designation on the applicant's health card is appropriate.

Signature of Health Care Professional

Date (dd/mm/yyyy)

Acknowledgement

I understand that some provincial health screening programs and services are specific to men or women (for example, prostate screening or mammography). If I change the sex designation on my health card, I understand that I am responsible for discussing screening programs and any potential impacts on my care with my physician or another health care provider.

Signature of applicant: _____

Date: _____
(dd/mm/yyyy)