

## 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](mailto:Registrations@eHealthSask.ca)

**Mail or In-Person:** Health Registries, Vital Statistics  
2130 11<sup>th</sup> 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  
(YYYY/MM/DD)

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 (YYYY/MM/DD))

\_\_\_\_\_  
Signature of Applicant

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

My commission/appointment expires: \_\_\_\_\_ (YYYY/MM/DD)

## 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 (YYYY/DD/MM)

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 (YYYY/MM/DD)

**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     X (Non-Binary)

My Health Services Number (HSN) is (if known) \_\_\_\_\_

When you change your sex designation on your health card a new card will automatically be issued. Please indicate the type of health card you would like sent to you:

**Check one of the following:**

- I request a health card with my sex designation displayed
- I request a health card without my sex designation displayed
- I request a health card with gender X displayed

**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 request a health card without my sex designation displayed that sex is retained within the confidential health system. There will be no sex physically displayed on the health card.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Date (YYYY/MM/DD))

### 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 a copy of your identification** outlined below and the appropriate **fees** with this application.

**ONE PIECE REQUIRED**

**Government Issued Photo ID such as:**

- Photo Driver's License
- Passport
- Native Status Card
- Citizenship Card
- Permanent Resident Card



**TWO PIECES REQUIRED Other ID such as:**

- Birth Certificate
- Health Card
- Student ID Card
- Library Card
- Court Order
- Utility Bill i.e. SaskPower, SaskEnergy, etc.that displays name and address
- Bank Statement, Residential Lease, Mortgage Document, Income Tax Statement, Cancelled Cheque, Social Assistance Benefit that displays name and address

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

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

## PAYMENT FORM: (DO NOT SEND CASH THROUGH MAIL)

\$ Method of Payment	
<b>Note: Payments must be made in Canadian funds.</b>	
<b>By Mail:</b>	<b>In person:</b> 2130 11 <sup>th</sup> 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  <input type="checkbox"/> MasterCard 	Payment Amount _____
<b>(Visa Debit and MasterCard Debit are not not accepted)</b>	
<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
Cardholder's Name	<b>X</b> _____ Cardholder's Signature ( <b>MANDATORY</b> )