

**MEDICAL PRACTITIONER'S STATUTORY DECLARATION UNDER  
REGULATION 4A(b)**

*This is a confidential disclosure for the purposes of noting change of sex on the birth certificate of a person who has undergone sexual reassignment surgery. The form will be treated in the strictest confidence.*

<u>Full Name of Medical Practitioner</u>	<u>Surgery Address</u>
<u>Medicare Provider Number</u>	<u>Daytime telephone number</u>

I the above named Medical Practitioner do solemnly and sincerely declare:

(please tick)

- I am registered in the Commonwealth as a medical practitioner.
- I have examined / performed sexual reassignment surgery on

\_\_\_\_\_ (Full name of person who has undergone sexual reassignment surgery)

whose identity I have verified from documents produced to me, and I believe that the person is the subject of the application.

I confirm this person has undergone sexual reassignment surgery as defined under s.28A of the *Births, Deaths and Marriages Registration Act*, namely:

*Sexual reassignment surgery means a surgical procedure involving the alteration of a person's reproductive organs carried out -*  
*(a) for the purpose of assisting a person to be considered to be a member of the opposite sex;*  
*or*  
*(b) to correct or eliminate ambiguities relating to the sex of the person*

and has changed sex. I support the application of \_\_\_\_\_ to have his/her birth certificate noted with a change of sex from

\_\_\_\_\_ (here state old sex) to \_\_\_\_\_ (here state new sex).

and I make this solemn declaration by virtue of the *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

Declared at \_\_\_\_\_ on \_\_\_\_\_

Signature of Medical Practitioner \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Full Name of Witness \_\_\_\_\_ Telephone no: \_\_\_\_\_

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Signature of Medical Practitioner \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Full Name of Witness \_\_\_\_\_ Telephone no: \_\_\_\_\_