



**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**Civil Division - Civil Actions Branch**  
**500 Indiana Avenue, N.W., Suite 5000, Washington, D.C. 20001**  
**Telephone Number: (202) 879-1133 Website: www.dccourts.gov**

**In re:**

\_\_\_\_\_

APPLICANT'S FULL NAME

Case No. \_\_\_\_\_

**Application for Declaratory Judgment Reflecting a Change of Gender**

I, \_\_\_\_\_ (insert full name as it appears on birth certificate) (“Applicant”), \_\_\_\_\_ (insert social security number), who was born on the \_\_\_\_\_ day of \_\_\_\_\_ (insert month), \_\_\_\_\_ (insert year), in \_\_\_\_\_ (insert place of birth), hereby request that the Court issue a judgment (check all that apply):

declaring that Applicant’s gender be changed to (check one)  male  female, effective from the date of gender transition as specified in the attached statement from Applicant’s licensed healthcare provider.

directing Applicant’s birth state or foreign jurisdiction (as listed above) to amend Applicant’s original birth certificate or issue a new birth certificate reflecting a change of gender.

I hereby certify that this request is not being made for any fraudulent or unlawful purpose.

In support of this request, I have attached a statement from my licensed healthcare provider that meets the requirements set forth below. *See* D.C. Code § 7-210.01(a)(2). I understand that, for privacy reasons, unless otherwise requested by Applicant, any medical records filed along with this application will be redacted, i.e., not made part of the public record. Check here  only if Applicant **does not** want his or her medical records redacted. The statement from the licensed healthcare provider must be on official letterhead and include the following information:

1. The licensed healthcare provider’s full name;
2. Medical license or certificate number;
3. Issuing state, country, or other jurisdiction of medical license or certificate;
4. Drug Enforcement Administration (DEA) registration number assigned to the licensed health care provider or foreign registration number, if applicable;
5. Address and telephone number of the licensed healthcare provider;
6. A statement that:

- a. Applicant has undergone surgical, hormonal, or other treatment appropriate for the individual for the purpose of gender transition, based on contemporary medical standards;  
**or**
  - b. Applicant has an intersex condition, and that in the licensed healthcare provider's professional opinion, the individual's gender designation should be changed;
7. The following statement: "I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct"; **and**
8. The licensed health care provider's signature.

If Applicant has made a previous request for gender reassignment, please give the jurisdiction(s), date(s) of request, whether it was granted or denied, and any relevant case numbers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct. Executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**OR**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.**

\_\_\_\_\_  
**NOTARY PUBLIC AND/OR DEPUTY CLERK**

\_\_\_\_\_  
**COMMISSION EXPIRES**



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**In re:**

Case No. \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S FULL NAME

**Declaratory Judgment Reflecting a Change of Gender**

\_\_\_\_\_ (insert name of Applicant)  
having filed an application for declaratory judgment reflecting a change of gender along with a statement from Applicant's licensed healthcare provider meeting the requirements set forth in D.C. Code § 7-210.01(a)(2); it is by the Court this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, hereby

**ORDERED**, that the application for declaratory judgment reflecting a change of gender be and it hereby is **GRANTED**; and it is

**FURTHER ORDERED** that: (check all that apply)

Applicant's gender be and it hereby is legally changed to (check one)  male  female, effective as of the (insert date of gender transition as specified in the healthcare provider's statement) \_\_\_\_ day of \_\_\_\_\_ (insert month), \_\_\_\_ (insert year).

Applicant's birth state or foreign jurisdiction, \_\_\_\_\_ (insert birth state or foreign jurisdiction), shall amend Applicant's original birth certificate or issue a new birth certificate reflecting the change of gender upon the request of Applicant.

SO ORDERED.

\_\_\_\_\_  
JUDGE

**NOT VALID WITHOUT A RAISED SEAL**