# STATE OF VERMONT

**SUPERIOR COURT PROBATE DIVISION**

**UNIT Docket No.  *County***

In re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name on Birth Certificate*

**PETITION FOR ISSUANCE OF ORDER CONFIRMING GENDER REASSIGNMENT**

I am seeking this Court’s approval for the issuance of an order confirming gender reassignment pursuant to 18 V.S.A. § 5112(b)(2). I submitted a request to the State Registrar’s Office of Vital Records, which was denied. In support of my appeal, I state the following under oath:

**1. Information about Myself:**

Date of Birth: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, VT  
 *Town/City of Birth County of Birth*

Birth record is on file in the town/city named above: Yes  No

Sex as stated on Original Birth Certificate: Male  Female

Sex after completion of treatment appropriate for the purpose of gender transition:

Male  Female

**2. Gender Reassignment/Affirmation:** I have completed gender reassignment through the use of hormonal, surgical, or other appropriate treatment for the purpose of gender transition. I have attached an affidavit from my licensed physician confirming the facts described here. I seek a new birth certificate confirming that gender reassignment has occurred.

I therefore request that this Court issue a Decree directing the State Registrar to update the Statewide Registration System and issue a new birth certificate in accordance with 18 V.S.A. § 5112(a), to be filed with the Clerk of the Town/City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, VT.

Date: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC

**Signed and Sworn to before me:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credential #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_