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| PETITION OF (Name): | CASE NUMBER: |
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**DECLARATION OF PHYSICIAN
DOCUMENTING CHANGE OF GENDER THROUGH CLINICALLY APPROPRIATE TREATMENT
UNDER HEALTH AND SAFETY CODE SECTIONS 103425 AND 103430**

Attachment to *Petition for Change of Name and Gender* (form NC-200) or *Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-300)

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing declaration is true and correct.

Date:

(TYPE OR PRINT NAME OF PHYSICIAN)

▲

(SIGNATURE OF PHYSICIAN)