

## PASSPORT CHANGE LETTER TEMPLATE

I, **\*\*\*physician's full name\*\*\***, **\*\*\*physician's medical license or certificate number\*\*\***, **\*\*\*issuing U.S. State/Foreign Country of medical license\*\*\***, **\*\*\*DEA Registration number or comparable foreign designation\*\*\***, am the physician of **\*\*\*name of patient\*\*\***, with whom I have a doctor/patient relationship and whom I have treated (*or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated*). **\*\*\*Name of patient\*\*\*** has had appropriate clinical treatment for gender transition to the new gender **\*\*\*specify new gender male or female\*\*\***. I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.

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**\*\*\*physician's full name\*\*\***      **\*\*/\*\*/\*\*\*\***

**\*\*\*This letter is specifically for the purposes of attaining a new passport with updated gender markers\*\*\***