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Commissioner



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Physician's Affidavit for Legal Change of Sex

Directions: The Maine CDC, Data, Research, and Vital Statistics (DRVS) office requires any person born in the State of Maine who would like to apply to amend the sex on their birth certificate to undergo a surgical procedure to their reproductive sex organ(s). The physician who performed the surgical procedure must complete the affidavit provided below. The affidavit must be signed in the presence of a notary.

Part 1. Applicants must complete items #1 through #5 exactly as shown on their original birth certificate.		
1. Name (<i>First, middle, other middle, last, suffix</i>)	2. Date of Birth (<i>mm/dd/yyyy</i>)	3. Sex (<i>check one</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female
4. Place of Birth (<i>City or town</i>)	5. County of Birth	
Part 2. The physician who performed the surgical procedure must complete items #1 through #12.		
1. Name of Surgeon (<i>First, middle, other middle, last, suffix</i>)	2. Title	3. Medical License Number
4. Name of Facility or Institution (<i>If not an institution, give street and number</i>)		5. Date of Surgical Procedure (<i>mm/dd/yyyy</i>)
9. Facility Address (<i>Street and number, city/town, state, zip code</i>)		10. Sex (<i>after surgical procedure</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female
STATEMENT OF PHYSICIAN PERFORMING SURGICAL PROCEDURE: I affirm the above named person specified in Part I has undergone a complete and irreversible surgical procedure to his or her reproductive sex organ(s). I declare under penalty of perjury the foregoing is true and correct and I am voluntarily signing this affidavit without being subject to force, threats or coercion of any kind.		
11. Signature of Physician ▶		12. Date Signed (<i>mm/dd/yyyy</i>)
STATEMENT OF NOTARY PUBLIC: The above individuals personally appeared before me and made oath to the truth of the foregoing statements.		
State of: _____ County of: _____ Signed or attested before me on (mm/dd/yyyy): _____ Commission Expiration Date: _____		
Signature of Notary Public ▶		Date Signed (<i>mm/dd/yyyy</i>)

Additional Documentation Requirements

Persons whose sex (reproductive sex organs) has been changed by surgical procedure must present DRVS with a judicial decree from a court of competent jurisdiction (or a certified copy of the legal name change notification form VS-14) and a notarized application for correcting a vital record (VS-7) form in addition to the physician's affidavit. The required \$60.00 fee includes a complimentary certified copy of the new record after the amendment. Please submit all documents directly to DRVS at the mailing address provided below.

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