

**PROBATE COURT OF PIKE COUNTY, OHIO**

**IN THE MATTER OF THE BIRTH RECORD OF \_\_\_\_\_**

**CASE NO. \_\_\_\_\_**

**LICENSED PHYSICIAN'S STATEMENT  
TO CHANGE GENDER RECORD ON BIRTH RECORD**

**Licensed Physician's Statement:**

<b>To be completed by a physician, who is licensed to practice in the United States that certifies the gender of the applicant.</b>		
Patient's Name (Applicant)		
Licensed Physician's Last Name	First Name	Telephone Number
Professional License/Certificate Number	Issuing State	Name of Hospital or Medical Clinic
Street Address	City, State	Zip Code

**MY PROFESSIONAL OPINION IS THAT THE APPLICANT'S GENDER IS:**

**Female**                       **Male**

If you have any additional or supporting medical documentation you would like the Court to consider, please attach it to this Licensed Physician's Statement.

\_\_\_\_\_  
Licensed Physician's Signature                      Date

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Name of Licensed Physician (Print or Type)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Licensed Physician State License Number

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