

**PROBATE COURT OF SUMMIT COUNTY, OHIO
ELINORE MARSH STORMER, JUDGE**

IN RE: BIRTH CORRECTION OF _____
(Present Name)

CASE NO. _____

**LICENSED PROFESSIONAL STATEMENT
TO CORRECT GENDER RECORD ON BIRTH RECORD OR SECURE A BIRTH RECORD**

LICENSED PROFESSIONAL'S STATEMENT

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.

PHYSICIAN NURSE PRACTITIONER PSYCHOLOGIST
 THERAPIST SOCIAL WORKER OTHER: _____

LICENSED PROFESSIONAL'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 IDENTITY IS: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

Please attach any additional or supporting medical documentation to this Licensed Professional Statement.

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the applicant named above, who is my patient. I certify under the penalty of perjury that all the information on this form is true and correct.

Signature Of Licensed Professional

Date Signed

Print or Typed Name Of Licensed Professional