



Registration Number  
\_\_\_\_\_

Amendment Number  
\_\_\_\_\_

Service Request Number  
\_\_\_\_\_

Pre-Registration Number  
\_\_\_\_\_

Protected A (when completed)

## Affidavit Sex Indicator Amendment for an Adult

This information is collected in accordance with the *Vital Statistics Act* and Regulations. It is required by Vital Statistics to amend an event; and may be used for statistical and genealogical purposes, or delivering joint provincial and federal programs. Collection is authorized under s.33(a) and (c) of the *Freedom of Information and Protection of Privacy Act*. Questions about the collection can be directed to Vital Statistics at [vsregistries@gov.ab.ca](mailto:vsregistries@gov.ab.ca) or 780-427-7013 (toll free 310-0000 within Alberta).

In the matter of the amendment of my sex indicator on my birth record,

I, \_\_\_\_\_  
Print Full Name of Applicant

of \_\_\_\_\_  
Street Address City/Town Province/Country Postal/Zip Code

make oath and say that:

- My date of birth is \_\_\_\_\_  
Month by Name Date (dd) Year (yyyy)
- I make this affidavit in support of amending the sex indicator on my birth record (select one only)
  - From M to F
  - From M to X
  - From F to M
  - From F to X
  - From X to M
  - From X to F

**Note to Commissioner for Oaths/Notary Public:** If there are any additions or changes on this affidavit (including to the jurat), ensure you place a check mark at the beginning and at the end of each of the changes and then write your initials beside each change. Unless changes are authenticated by your initials, the affidavit will not be accepted by Vital Statistics. If outside Alberta, this document may be executed by a Commissioner for Oaths in Canada or a Notary Public inside or outside Canada.

Sworn/Affirmed before me at \_\_\_\_\_

in the Province/Jurisdiction of \_\_\_\_\_

dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Commissioner for Oaths in and for Alberta/Notary Public/  
Commissioner for Oaths for the Jurisdiction of \_\_\_\_\_

\_\_\_\_\_  
Print or Stamp Name My Appointment Expires