Registration Number	
Amendment Number	
Service Request Number	Pre-Registration Number

Protected A (when completed)

Professional Statement for Minor Under 12

This information is collected in accordance with the *Vital Statistics Act* and regulations. It is required by Vital Statistics to amend an event or provide a service; 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 or 780-427-7013 (toll free 310-0000 within Alberta).

I, _____
print full name of professional

of _____ _____ _____ _____
street address | city/town | province/country | postal/zip code

confirm that I am *(select one only)*:

◯ A regulated member of the College of Physicians and Surgeons of Alberta
◯ A regulated member of an organization that is similar to the College of Physicians and Surgeons of Alberta from another jurisdiction - _____
print name of jurisdiction

◯ A regulated member of the College of Alberta Psychologists
◯ A regulated member of an organization that is similar to the College of Alberta Psychologists from another jurisdiction -
_____
print name of jurisdiction

◯ A regulated member of the College and Association of Registered Nurses of Alberta
◯ A regulated member of an organization that is similar to the College and Association of Registered Nurses of Alberta from another jurisdiction - _____
print name of jurisdiction

◯ A regulated member of the Alberta College of Social Workers
◯ A regulated member of an organization that is similar to the Alberta College of Social Workers from another jurisdiction -
_____
print name of jurisdiction

My practice permit, licence or reference number or equivalent identifier for professional licensing purposes is _____

I have treated, evaluated or consulted with the minor and in my professional opinion, it is appropriate that

_____
full name of minor whose sex indicator is being amended

whose date of birth is _____ _____ _____ should have their sex identifier amended *(select one only)*
month by name | date (dd) | year (yyyy)

◯ From M to F
◯ From M to X
◯ From F to M
◯ From F to X
◯ From X to M
◯ From X to F

Date _____ Signature _____
signature of professional

This statement must be dated and signed within 1 year from the date of the sex indicator amendment application.