

[MUST BE PRINTED ON LETTERHEAD]

[TEMPLATE LETTER FOR MISMATCHING IDENTIFICATION]

[DATE]

Dear Sir/Madam,

I, [Doctor Name], [Title], Medical License No. XXXXXXXXX issued by the State of [State], am the attending physician and supervise care for [your name] (formerly known as [name], DOB XX/XX/XXXX).

I have reviewed and evaluated the medical history of Mr/s. [name] and can attest that s/he is receiving appropriate clinical treatment for gender transition from fe/male to fe/male. As part of his/her gender transition, I have provided Mr/s. [name] with supporting documentation so that s/he may correct the gender marker on various identification documents. Unfortunately, this can be a lengthy and time-consuming process, and in some instances it may not be possible to update every document. As such, this letter serves as attestation that Mr/s. [name]'s identification documents may not be consistent from one document to the next.

Until Mr/s. [name] has successfully obtained corrected documentation, this letter further serves as attestation that Mr/s. [name]'s gender is [GENDER] despite any incongruity with current identification documents.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Sincerely,

[Name and Title]

[Staff Title]

[Organization]

[Address]

[Phone]