

[MUST BE PRINTED ON LETTERHEAD]

[TEMPLATE LETTER FOR CORRECTING GENDER MARKER ON PASSPORT]

United States Passport Agency
U.S. Department of State

[DATE]

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 [other name if identification documents have not all been changed], DOB XX/XX/XXXX).

[The following language must be included in a letter to correct a gender marker]

I have reviewed and evaluated the medical history of Mr/s. [name] and can attest that s/he has received appropriate clinical treatment for gender transition from fe/male to fe/male. We support his/her efforts to change the gender marker on his/her identity documentation to fe/male.

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]