

Application for a Gender Recognition Certificate

Updated September 2007

This form should be used by applicants for a Gender Recognition Certificate who are not applying using the Overseas Process.

Applicants applying under this process must demonstrate that they have lived in their acquired gender for at least two years.

Before you start, please read the document 'Explanatory Leaflet – a Guide for Users', which explains the gender recognition process.

If you are married or in a civil partnership, please also read 'Guidance for Married People or those in Civil Partnerships' and 'Guidance for married couples where one or both partners wish to apply for a Gender Recognition Certificate'.

We hope we have made this form easy to understand and complete. The guidance notes (see 'Guidance on completing the Application Form for a Gender Recognition Certificate') should answer most of the questions you may have. We recommend that you read the notes before completing each section of the form. If you do find it difficult to complete on your own, you could ask a friend or someone from a support organisation to help you, or you telephone the Gender Recognition Panel on 0300 123 4503 and one of the administrators will be happy to provide support.

You must complete sections 1, 2, 5, 6, 7, 8, 9, 10 and EITHER section 3 OR section 4, which ever applies to you.

Please use black ink when completing this form.

The information in this publication is available in alternative formats on request. Please contact the Gender Recognition Panel on 0300 123 4503 or grpenquiries@hmcts.gsi.gov.uk

1. Your contact details

The names and title that you provide below will be used in all correspondence relating to your application.

| 1.1 Preferred Title (Mr, Mrs, Ms, Miss, Dr Etc.) | |
|--|-------------------------------------|
| 1.2 Full name you would like us to use when conta | cting you |
| | |
| 1.3 Postal address (for all written correspondence) | |
| | |
| | |
| | |
| | |
| 1.4 How would you like us to contact you if we have | e any questions? |
| Post □ Telephone □ | e-mail □ |
| 1.5 Daytime contact telephone number and times y (if you would like to be contacted by telephone) | ou will be available on this number |
| Telephone | |
| Times / days available | |
| 1.6 e-mail address (if you would like us to contact | you by e-mail) |
| | |
| Please remember that e-mail cannot be guaranteed | l as secure. |
| 1.7 If possible, please list any dates when you kno periods of more than 5 consecutive days over the | |
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2. Your personal details

| | correspondence. Please read the guidance carefully before filling in this section. | | | | | | | | |
|---|--|-----------|------------|-----------|-----------|------------|-----------|-----------|--|
| 2.1 Surname you wish to be recorded on a Gender Recognition Certificate | | | | | | | | | |
| | | | | | | | | | |
| 2.2 Firs | t name(s) | you wish | to be re | corded or | n a Gende | er Recogr | nition Ce | rtificate | |
| | | | | | | | | | |
| B. In order to protect your privacy, you must supply us with a password. If you telephone the Gender Recognition Panel to enquire about your application we will ask you for this password before we give out any personal information. Before choosing a password, please read the guidance to this section. | | | | | | | | | |
| 2.3 Pas | sword (b | etween 6 | & 10 lette | ers. Num | bers mus | t not be ι | used) | | |
| | | | | | | | | | |
| 2.4 Wh | y is this s | ignifican | t to you? | | | | | | |
| | | | | | | | | | |
| C. You should read the guidance to the sections below before you decide whether to provide your National Insurance number. 2.5 Please enter your National Insurance number here | | | | | | | | | |
| | | | | | | | | | |
| 2.6 Please tick here if you DO NOT wish the Panel to pass this information to the Inland Revenue if you are granted a full Gender Recognition Certificate * □ * Please note that if you do not want the Gender Recognition Panel to pass on this information then you are legally obliged to pass on this information to the Inland Revenue if | | | | | | | | | |
| your application is successful. This will mean sending your Gender Recognition Certificate and National Insurance number to the Inland Revenue. | | | | | | | | | |

This service only applies to UK tax payers. Unfortunately we are not able to inform the authorities in the Isle of Man or Channel Islands.

The names and title you provided at 1.2 will be used in all future

3. Birth registration information for births registered in the UK

If your birth was registered in the UK you must complete this section. This also applies if you born to a UK citizen abroad but registered by a Forces registering officer, or with the British Consul or High Commission, or born on board a ship, aeroplane or hovercraft and registered under the Merchant Shipping or Civil Aviation provisions.

Please note, if you are adopted we require your adoptive parents' details (as shown on your birth certificate).

| 3.1 Your surname as recorded on birth or adoption certificate | | | |
|---|----------------|----------------------|--------|
| | | | |
| 3.2 Your forename(s) as record | ed on birth or | adoption certificate | |
| | | | |
| 3.3 Gender as stated on birth o | r adoption cer | tificate | |
| Male/Boy □ | | Female/Girl | |
| | D.D. | N4 N4 | V V/V/ |
| 3.4 Date of birth | D D | MM | YYYY |
| 3.5 Place of birth | | | |
| | | | |
| 3.6 Father's Surname (if listed) | | | |
| , , | | | |
| 3.7 Father's forename(s) (if listed) | | | |
| (ii iiotou) | | | |
| O O Mathaula was bawa wasa | | | |
| 3.8 Mother's maiden name (if listed) | | | |
| | | | |
| 3.9 Mother's forename(s) (if listed) | | | |

| It will help provide th | p the relevant Registrar General to locate your original be he following information, if it applies to you. | irth record if you |
|--|---|---|
| 3.10 lf you | u know you were adopted in the United Kingdom, please | tick here □ |
| 3.11 If you Consul or please tic | ur birth was registered by a Forces registering service, o r High Commission, or under Merchant Shipping or Civil ck here □ | or with a British Aviation provisions, |
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4. Birth registration information for births registered outside the UK

If your birth was registered outside the UK you must complete this section. If not please proceed to section 5.

Please provide your original birth certificate or other official confirmation of your date of birth and birth gender and supply the information requested below.

| 4.1 Your surname as recorded on birth or adoption certificate | | | | | |
|---|--------------------------|----------------------|------|--|--|
| | | | | | |
| 4.2 Your forename(s) as | s recorded on birth or | adoption certificate | | | |
| | | | | | |
| 4.3 Gender as stated on | n birth or adoption cert | tificate | | | |
| Male/B | Boy □ | Female/Girl | | | |
| 4.4 Date of birth | DD | ММ | YYYY | | |
| | | | | | |
| 4.5 Country where birth registered | is | | | | |
| If you are unable to supply certain pieces of information in section 4, above, please use the box below to explain why (continue on additional paper if required and include it on the list of evidence you have supplied in section 9) | | | | | |
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5. Time living in your new gender

As part of your application, you must provide evidence to demonstrate that you have lived full time in your new gender for at least two years (up to the date of your application).

The evidence could take the form of letters from official, professional or business organisations or from friends or family; utility bills; copies of official documents (e.g. driving licence, passport). Please see accompanying guidance notice for a fuller list. If the evidence is in a different name to the one you have used on this form, you will need to prove that it does relate to you.

You must ensure that you provide accurate information.

5.1 Please give the date from which you can provide evidence that you have lived full-time in your new gender for two years.

Please use the box in section 9 of this application form to list the evidence you providing.

6. Medical Reports A

The guidance notes to section 6 explain the nature of the report that is required. Please include the original report (as given to you by your medical practitioner / chartered psychologist; a copy will be accepted for subsequent applications) with your application pack and fill in the panels below.

| 6A.1 Name of registered medical practitioner or specialist chartered psychologist who provided the report | | | |
|---|--|--|--|
| | | | |
| | | | |
| 6A.2 Professional address (if the individual is still practising) | | | |
| | | | |
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| | | | |
| | | | |
| 6A.3 Daytime contact number | | | |
| | | | |
| | | | |
| On occasions the Gender Recognition Panel may wish to check the validity of a report. In such case, it would be quicker for the panel to contact the doctor or psychologist | | | |
| directly, although we will copy any correspondence to you. The panel would need consent to contact your doctor or psychologist. | | | |
| | | | |
| 6A.4 I give my consent to the Gender Recognition Panel contacting the supplier of the medical report to check its validity (please tick box) □ | | | |

6. Medical Reports B

The guidance notes to section 6 explain the nature of the report that is required. Please include the original report (as given to you by your medical practitioner / chartered psychologist; a copy will be accepted for subsequent applications) with your application pack and fill in the panels below.

| 6B.1 Name of registered medical practitioner or specialist chartered psychologist who provided the report | | | |
|---|--|--|--|
| | | | |
| | | | |
| 6B.2 Professional address (if the individual is still practising) | | | |
| | | | |
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| | | | |
| | | | |
| 6B.3 Daytime contact number | | | |
| | | | |
| | | | |
| On occasions the Gender Recognition Panel may wish to check the validity of a report. In such case, it would be quicker for the panel to contact the doctor or psychologist directly, although we will copy any correspondence to you. The panel would need consent to contact your doctor or psychologist. | | | |
| 6B.4 I give my consent to the Gender Recognition Panel contacting the supplier of the medical report to check its validity (please tick box) □ | | | |

7. Statutory Declaration

You are required to provide a 'statutory declaration' making several statements about your circumstances and your application. This is to ensure that you meet the criteria for Gender Recognition. We have provided a general version of this form for you to use as the basis for your Statutory Declaration. You should use this form and follow the instructions contained in the guidance notes.

Once you have filled in the Statutory Declaration and had it witnessed by one of the people listed in the guidance notes, please provide the information requested in the boxes below.

| 7.1 Date of Statutory Declaration | D D | MM | YYYY |
|---|--------------------------|------------------------|----------------------|
| 7.2 Name of witness to | Statutory Declaration | | |
| | | | |
| 7.3 Professional title of | witness | | |
| | | | |
| 7.4 Address of witness | | | |
| | | | |
| | | | |
| 7.5 Daytime contact tel | ephone number of wit | ness | |
| | | | |
| You will have given a S in a civil partnership. F | | | currently married or |
| 7.6 Are you currently n | narried? | | |
| | Yes □ | No □ | |
| Are you currently in a c | civil partnership in the | United Kingdom? | |
| | Yes □ | No □ | |
| Please include the orig | | ion (the one you actua | ally signed, not a |

8. Payment

The fees for applying for a Gender Recognition Certificate are outlined in a separate leaflet 'Fees for Applying to the Gender Recognition Panel'. You should read the leaflet carefully to see whether you need to pay the full, or any fee. If you qualify for reduction of the fee, you will need to include a statement to that effect your Statutory Declaration. If you qualify for exemption from the fee because you are in receipt of certain entitlements or benefits, you should include evidence of that entitlement and list it in section 9, below.

| 8.1 Are yo | ou required to pay a fee? | | | | | |
|--------------|--|--|--|--|--|--|
| YE | Income below threshold □ | | | | | |
| | Include evidence with your application | | | | | |
| 8.2 If yes, | how much is the fee? f | | | | | |
| 8.3 If no, v | 8.3 If no, why are you not paying a fee? (please tick one box) | | | | | |
| | In receipt of a 'qualifying benefit' You will need to supply evidence of entitlement | | | | | |
| _ | Income is below the threshold Include evidence with your application | | | | | |
| | Type of application does not attract a fee Include evidence with your application | | | | | |

Method of Payment

If you are required to pay a fee for your application, you should indicate how you are paying it. If paying by cheque or postal order, you must include this with your application form.

| Cheque □ | Postal Order □ |
|-----------------|-------------------------|
| | |
| Debit/Credit ca | rd □ (please see below) |

If you would like to pay by Debit/Credit Card then please contact the GRP administrator on 0300 123 4503 within 10 days of receipt of application acknowledgment. We will then take payment from you over the telephone. For security purposes, please have your GRP reference number and password to hand.

9. Supporting evidence

This checklist will help you and the Gender Recognition Panel to be sure that you have included originals or certified copies of everything that you are required to. Please list every piece of evidence that you are including with your application. We will return any documentation to you when we have verified that it is genuine.

| Documents | To be notioned |
|---|----------------|
| Statutory Declaration | To be returned |
| A copy of you decree absolute, if divorced or evidence that your civil partnership has been dissolved | |
| Medical Reports A and B | |
| If you have not used the medical form provided, please list the document(s) you are supplying | |
| Evidence of the length of time you have lived in your new gender | |
| List documents | |
| Evidence relating to payment qualifications or exemptions List documents | |
| Please list any other papers or extra pages you have enclosed with your application pack | |

10. Declarations

If your birth was registered in the UK, to process your application, the Gender Recognition Panel needs to pass your details to the relevant Registrar Gender who needs to notify the authority that holds your original birth record that your birth has been re-registered.

If you consent below, the Registrar General will contact you (if your application is successful) to inform you about options for your new birth certificate.

I consent to the Registrar General contacting me in relation to the issuance of a new birth certificate. □

I certify that all the information given in this application is correct to the best of my knowledge. I understand that to make a false application is an offence.

Signature of applicant



Date

DD MM YYYY

When you have signed and dated the form, it should be sent, with all supporting documentation including Statutory Declaration and medicals reports to:

GRP PO Box 9300 Leicester LE1 8DJ

Section 22 of the Gender Recognition Act 2004 protects the information on your application form and information about your gender history if your application is successful. The data you provide will only be processed as permitted by the Act. It will be processed primarily for the purpose of determining your application (and any related legal proceedings) and for maintaining the Gender Recognition Register. The Guidance to this application form and Explanatory Leaflet contain more information about how your data may be processed. Information about you will not be disclosed except where permitted by law, or where you have consented to it.

The **Ministry of Justice** is the Data Controller for the Gender Recognition Secretariat and Panel for the purposes of the Data Protection Act 1998. If you want to know more about what information we have about you, or the way we use your information, you can find details on the **MoJ** website www.justice.gov.uk/about/datasharingandprotection.htm



Statutory Declaration Gender Recognition Act 2004

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|------|--|---------------------------------------|-----------|---------------|-----------------------|--|--|--|
| mat. | | | | | | | | |
| | 1. I am over 18 years of age. | | | | | | | |
| | 2. I have lived as a male / female (delete word that does not apply) throughout the period of years since I transitioned in (month and year of transition) | | | | | | | |
| | 3 I intend to live as a male / female (d | lelete word that doe | s not apı | oly) until de | ath. | | | |
| | 4a. I hereby declare that I am / ar gender to someone of the opposite se | | | ied in my | original | | | |
| | 4b. I hereby declare that I am / am n gender to someone of the same sex (| | | ship in my | [,] original | | | |
| | 4c. I hereby declare that my formed dissolved on (Please enter | er marriage of date, or delete if not | | • | hip was | | | |
| | 5. I make this solemn declaration cortrue and by virtue of the provisions of | • | | _ | | | | |
| | Declared at | | (inser | t place) | | | | |
| | This day of | 20 | | | | | | |
| | | (Signature o | f appl | icant) | | | | |
| | before me | | (name | e of witnes | is) | | | |
| | | (Signature of | witne | ess)" | | | | |