

PETITION FOR CHANGE OF SEX

Commonwealth of Virginia VA. CODE § 32.1-269

Case No.

VIRGINIA: In the Circuit Court of the [] City [] County of

IN RE:
(APPLICANT'S LEGAL NAME) FIRST MIDDLE LAST SUFFIX

COMES NOW, the applicant,

and after being duly sworn states under oath as follows:

1. Applicant's Birth Name:
FIRST MIDDLE LAST SUFFIX

2. City or County of Residence:

3. Residence Address:
STREET ADDRESS

.....
CITY STATE ZIP CODE COUNTRY

4. Mailing Address:
IF DIFFERENT FROM RESIDENCE ADDRESS

5a. Date of Birth: 5b. Place of Birth:

6. Full Names of Parents

6a. Full Name:
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

6b. Full Name:
FIRST MIDDLE MAIDEN (IF APPLICABLE) CURRENT LAST SUFFIX

7. Supporting Documentation

Attach documentation from a licensed provider indicating that the sex of the individual has been changed by medical procedure.

Pursuant to § 32.1-269 of the Code of Virginia, the applicant requests that the Court enter an order indicating that the sex of the individual has been changed and their birth certificate should be reissued to reflect a sex of [] Male [] Female.

.....
APPLICANT

Commonwealth/State of [] City [] County of

Acknowledged, subscribed and sworn to/affirmed before me this day of, 20

by
PRINT NAME OF SIGNATORY

.....
DATE

.....
[] CLERK [] DEPUTY CLERK
[] NOTARY PUBLIC My commission expires
Registration No.