

PETITION OF (Name):	CASE NUMBER:
---------------------	--------------

Page \_\_\_\_ of \_\_\_\_

**DECLARATION OF PHYSICIAN  
DOCUMENTING CHANGE OF GENDER THROUGH CLINICALLY APPROPRIATE TREATMENT  
UNDER HEALTH AND SAFETY CODE SECTIONS 103425 AND 103430**

Attachment to *Petition for Change of Name and Gender* (form NC-200) or *Petition for Change of Gender and Issuance of New Birth Certificate* (form NC-300)

I declare under penalty of perjury under the laws of the State of California that the information in the foregoing declaration is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME OF PHYSICIAN)

▲  
\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN)