

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**IN RE BIRTH CORRECTION OF \_\_\_\_\_**

**CASE NUMBER \_\_\_\_\_**

**LICENSED PROFESSIONAL STATEMENT  
TO CORRECT GENDER RECORD ON BIRTH RECORD**

**LICENSED PROFESSIONAL'S STATEMENT**

To be completed by a physician, psychologist, therapist, nurse practitioner, or social worker who is licensed to practice in the United States that certifies the gender identity of the applicant.

- PHYSICIAN       NURSE PRACTITIONER       PSYCHOLOGIST  
 THERAPIST       SOCIAL WORKER       OTHER: \_\_\_\_\_

PATIENT'S NAME (APPLICANT)

LICENSED PROFESSIONAL'S LAST NAME

FIRST NAME

TELEPHONE NUMBER

PROFESSIONAL LICENSE / CERTIFICATE NUMBER

ISSUING STATE

NAME OF HOSPITAL OR MEDICAL CLINIC

STREET ADDRESS

CITY, STATE

ZIP CODE

MY PROFESSIONAL OPINION IS THAT THE APPLICANT'S GENDER IDENTITY IS:  MALE  FEMALE

If you have any additional or supporting medical documentation you would like the Court to consider, please attach it to this Licensed Professional Statement.

I certify that my practice includes the treatment and counseling of persons with gender identity concerns, including the applicant named above, who is my patient. I certify under the penalty of perjury that all the information on this form is true and correct.

\_\_\_\_\_  
Licensed Professional Signature      Date

\_\_\_\_\_  
Licensed Professional Work Address

\_\_\_\_\_  
Name of Licensed Professional (Print or Type)

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Licensed Professional State License Number

\_\_\_\_\_  
Phone Number