



Government of **Western Australia**  
Department of the **Attorney General**  
Gender Reassignment Board

## Application for Recognition Certificate for an Adult

### ***Important Notice***

***Information provided in the application will be treated CONFIDENTIALLY***

### **Personal details of applicant.**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Full Names of  
Applicant's Parents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Reassignment Procedure**

I have undergone a reassignment procedure from:

- (a) Male to Female
- (b) Female to Male

*Tick the appropriate box and **attach** a statement signed by a medical practitioner that the person has undergone the reassignment procedure.*



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**Compliance with Section 15 of the *Gender Reassignment Act 2000***

The reassignment procedure was carried out in this State.

My birth was registered in the State.

I am a resident of this State and have been a resident of this State for not less than 12 months.

*Tick the appropriate box or boxes and **attach** a certified copy of your birth certificate and any other relevant documents such as-*

- (i) documents relating to where the reassignment procedure was carried out;*
- (ii) the original, or certified copies, of any documents showing proof of residency and length of residency.*

I believe that my true Gender is the Gender to which I have been reassigned, as specified in this form:

*Tick box if correct*

I have adopted the lifestyle and have the Gender characteristics of a person of the Gender to which I have been reassigned, as specified in this form.

*Tick box if correct*

*You may wish to **attach** any information you consider relevant.*

I have received counselling in relation to my Gender identity.

*Tick box if correct*

*Please specify details of counselling and **attach** a statement from the person who provided the counselling.*

I am married

I am not married

*Tick the appropriate box*

*A recognition certificate cannot be issued to a person who is married.*



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**Hearing of application**

I wish to attend the hearing of this application.

[ ]

I do not wish to attend the hearing of this application.

[ ]

I wish to appear at the hearing of this application and to make submissions to the Board.

[ ]

*Tick the appropriate box*

**Declaration by applicant**

I declare that to the best of my knowledge no statement made in this application is false, or misleading in any material respect.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Name of person signing:

\_\_\_\_\_

**Note:**

Section 23 of the *Gender Reassignment Act 2000* provides that it is an offence for a person to make a statement knowing it to be false or misleading in a material respect for the purpose of, or in connection with, an application.

**Penalty: \$2000 or imprisonment for 6 months.**

**Note:** Application fee of \$40 applies. Please send via cheque or money order (payable to the Gender Reassignment Board of W.A.) with this completed application form and supporting documentation to:

**Postal Address:**

Executive Officer  
Gender Reassignment Board of W.A.  
PO Box U1991  
PERTH WA 6845

**Address:**

Executive Officer  
Gender Reassignment Board of W.A.  
Fourth Floor  
12 St George's Terrace  
PERTH WA 6000