



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

Application for Recognition Certificate for a Child

Important Notice

Information provided in the application will be treated CONFIDENTIALLY

Personal details of the child the application relates to

Full Name of child: _____

Address of child: _____

Date of Birth: _____

Place of Birth: _____

Full Names of
Child's Parents: _____

Personal details of the person making the application (Applicant)

Full Name of Applicant: _____

Address of Applicant: _____

Relationship of Applicant
to the child: _____



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Reassignment Procedure

The child this application relates to has 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 child has undergone the reassignment procedure.*

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

The reassignment procedure was carried out in this State.

The child's birth was registered in this State.

The child is a resident of this State and has been a resident of this State for not less than 12 months.

*Tick the appropriate box or boxes and **attach** a certified copy of the child's 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.*

These are the reasons that I believe that it is in the best interests of the child that a recognition certificate is issued in respect of the child.

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

- The child is married
- The child is 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, or the child wishes to, attend the hearing of this application.

I do not wish to, or the child does not wish to, attend the hearing of this application.

I wish to, or the child wishes 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