

IN RE THE GENDER REASSIGNMENT OF:

Case No.:

\_\_\_\_\_  
First Name                      Middle Name                      Last Name

**PETITION FOR CHANGE OF GENDER ON BIRTH CERTIFICATE**

I am the Petitioner and state:

1. My address is: \_\_\_\_\_
2. I live in \_\_\_\_\_ County, Wisconsin.
3. I was born on \_\_\_\_\_, in the State of \_\_\_\_\_
4. My Birth Certificate was issued in the State of \_\_\_\_\_  
(Please see attached certified copy of birth certificate)
5. I was granted a name change on \_\_\_\_\_, in case number,  
\_\_\_\_\_, in \_\_\_\_\_ County, State of \_\_\_\_\_
6. I have undergone gender reassignment surgery, which was completed on  
\_\_\_\_\_ (Please see attached certified letter from physician)
7. Based on the above referenced information, I respectfully request the Court to enter an  
Order requiring the State Registrar to change my gender on my birth certificate.

State of Wisconsin  
 County of Manitowoc  
 \_\_\_\_\_  
 Subscribed and sworn to be on \_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public/Court Official  
 \_\_\_\_\_  
 Name Printed or Typed  
 My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Printed or Typed Name  
 \_\_\_\_\_  
 Telephone Number  
 \_\_\_\_\_  
 Date