



Government of **Western Australia**
Department of **Justice**
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*



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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 or boxes

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:

1. Please supply a phone number and email address for the Board to contact you on.
Phone number: _____
Email address: _____
2. An application fee of \$40 applies. Please complete and attach the Board's Credit Card Authorisation form for payment along 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.
Sixth Floor
565 Hay Street
PERTH WA 6000