

**PROBATE COURT OF LAKE COUNTY, OHIO  
JUDGE MARK J. BARTOLOTTA**

**IN THE MATTER OF THE BIRTH RECORD OF \_\_\_\_\_**  
**CASE NO. \_\_\_\_\_**

**LICENSED PROFESSIONAL STATEMENT  
REGARDING BIRTH RECORD CHANGE  
3705.15 (A)**

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: \_\_\_\_\_

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

*I certify under the penalty of perjury that all the information on this form is true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensed Professional

\_\_\_\_\_  
Typed or Printed Name