

Re the Gender Reassignment of:

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

**Petition for Change of Gender on Birth Certificate**

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

Case #: \_\_\_\_\_ CV \_\_\_\_\_

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

Enter name change case # in area above

Phone #: (\_\_\_\_\_) \_\_\_\_\_

I am the Petitioner and state:

1. My name, address, and date of birth are as shown above.
2. I live in \_\_\_\_\_ County, Wisconsin
3. I was born on [date] \_\_\_\_\_
4. My birth certificate was issued in the state of Wisconsin.  
**NOTE: If the birth occurred in another state, the gender reassignment process should be taken up in that state.**
5. The name that appears on my current birth certificate is:

\_\_\_\_\_  
[Attach a certified copy of the birth record].

6. I was granted a name change:  
On: \_\_\_\_\_  
Case number \_\_\_\_\_  
County of \_\_\_\_\_  
State of \_\_\_\_\_

[Attach copy of name change order]

7. I have undergone the following gender reassignment surgery:  
Date Surgery Completed: \_\_\_\_\_  
City/State of Surgery: \_\_\_\_\_  
Physician completing surgery: \_\_\_\_\_

[Attach a certified letter from the physician].

8. Based on this petition, I respectfully request that the Court enter an order

requiring the State Registrar to change the gender on my birth certificate from:

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List current gender on birth certificate

List changed gender on birth certificate

**STOP - Sign this document before a notary!**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

State of Wisconsin  
County of Eau Claire

Subscribed and sworn before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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

My Commission expires: \_\_\_\_\_

Attachments:

- Certified copy of existing birth certificate
- Notarized letter from the physician performing the reassignment surgery (must specify date of surgery)
- Name Change Order