



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 | <input type="checkbox"/> |
| (b) Female to Male | <input type="checkbox"/> |

*Tick the appropriate box and **attach** a statement signed by a medical practitioner that the person has undergone the reassignment procedure.*



Government of **Western Australia**
Department of **Justice**
Gender Reassignment Board

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

A recognition certificate cannot be issued to a person who is married.



Government of **Western Australia**
Department of **Justice**
Gender Reassignment Board

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

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.
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.
6th Floor
565 Hay Street
PERTH WA 6000

Email Address: Executive Officer, Gender Reassignment Board of W.A
sat@justice.wa.gov.au