June 17, 2022

**Via Email and Clio only**

CLIENT NAME

EMAIL ADDRESS

RE: birth certificate correction

*Our file: 123567890*

Dear CLIENT:

The following documentation is needed for this matter.

Please note:

Items listed in **BOLD are required immediately and we cannot proceed without them**;

Items listed in *ITALICS are required at your earliest convenience*;

Items listed as UNDERLINED are preferred but may not be required in your particular case.

1. **A copy (certified or original is preferred) of your birth record**;
2. **A certified true copy of your Name Change Order (if applicable);**
3. **A copy of your current ID and passport (if you have one);**
4. *Original signed letters from all treating physicians specifically including:*
   1. *All surgeons participating in your transition\**
   2. *Your current or most recent mental health care provider†*
   3. *Your current or most recent endocrinologist.‡*
5. *CV’s for each of those medical care providers listed in #4*;
6. Your complete medical records from all medical care providers listed in #4(a) including all surgical notes;
7. A copy (uncertified is acceptable) of any marriage, divorce, or custody decree.

If you have any questions or concerns about this or any other part of your case, please do not hesitate to contact my office directly and I will attempt to respond as quickly and completely as possible.

Sincerely:

The Hite Law Group, LLC

/s/NICHOLAS J. HITE

/mcs

Your doctors and surgeons may already have forms letters to suit your request. However, because of Louisiana’s specific laws, letters from surgeons should be on doctor’s letterhead and contain the following language:

\* “I, (physician’s full name), (physician’s medical license or certificate number), (issuing State of medical license/certificate), performed (name of surgery performed) on (name of patient, date of birth), as part of that individual’s transition. This patient has received appropriate clinical treatment for gender transition to the new gender (specify male or female).

This patient’s anatomical sex should now be defined as (specify male or female).

I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”

† “I, (physician’s full name), (physician’s license/certificate and issuing state of license/certificate), am a licensed mental health care provider who has (provided care for or reviewed the medial records of) (patient’s name). This patient has received an accurate and appropriate assessment of exhibiting signs of gender identity dysphoria. This patient has received appropriate clinical treatment for gender transition to the new gender (specify male or female).

Recognition of this individual’s gender and sex as (specify male or female) is appropriate given this individual’s gender identity dysphoria.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.”

‡ “I, (physician’s full name), (physician’s medical license or certificate number), (issuing State of medical license/certificate), am currently prescribing and monitoring (name of patient, date of birth) with hormone replacement therapy as part of this individual’s ongoing regular medical care. This patient has received appropriate clinical treatment to the new gender of (specify male or female).

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.”