



Application form for a Gender Recognition Certificate

A person can apply to have their preferred gender recognised by the State. If you are issued with a Gender Recognition Certificate, your gender and name (if changed) will be updated on the record associated with your PPS number on the Department's central records database.

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Please answer **all questions**. If you do not answer all the questions we may not be able to process your application.

How to apply

Complete **Part 1** of this application form.

Sign the declaration at **Part 2** of this form and have it witnessed by one of the following: **Peace Commissioner/Notary Public/Commissioner for Oaths/Solicitor**.

Send the completed application form, along with the relevant required documents from the list below, to:

Client Identity Services, Department of Social Protection, Shannon Lodge, Carrick-on-Shannon, Co Leitrim, N41 KD81.

If you need any help to complete this form, please contact Client Identity Services, Telephone: 071 9672588.

Required documents

- Birth Certificate or Adoption Certificate.
- Proof of residency in Ireland, if you were not born in Ireland.
- If you have had your preferred gender recognised in another jurisdiction and wish to have that recognition validated here, a copy of the relevant decision, order or certificate.
- If you are aged between 16 and 18, a Court Order from the Circuit Family Court exempting you from the requirement to be at least 18 years of age in order to apply for a Gender Recognition Certificate.
- If you wish to have a name other than that on your original birth certificate shown on the Gender Recognition Certificate, we require evidence of "use and repute" over two years or a Deed Poll for a change of name which has been enrolled in the High Court.

For more information, log on to www.welfare.ie.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

This declaration must be completed in the presence of a person authorised to take statutory declarations. This includes a Peace Commissioner/ Notary Public/ Commissioner for Oaths/Solicitor.

I

of (current address)

.....

.....

do solemnly and sincerely declare that I

- (i) have a settled and solemn intention to live in the preferred gender of male/female (delete as appropriate) for the rest of my life,
- (ii) understand the consequences of the application,
and
- (iii) make this application of my own free will.

I declare that details given above are correct and I make this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act, 1938.

.....

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Signature of Person making Declaration (not block letters)

(Must be signed in the presence of the witness to the declaration)

.....

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Signature of witness (not block letters)

This part to be completed by a Peace Commissioner/ Notary Public/
Commissioner for Oaths/Solicitor.

Declared before me:

(Name in Capitals) _____

a *Notary Public/Commissioner for Oaths/Peace Commissioner/Person authorised by (insert
authorising statutory provision) _____

to take and receive Statutory Declarations by (name of person making declaration)

* Delete as applicable

1. Who is personally known to me or

2. Who is identified to me by (one of the following documents)

a) Passport - Passport Number: _____ Issued on: _____

b) National Identity Card - Identity Card No: _____ Issued on: _____

c) Aliens Passport - Passport No: _____ Issued on: _____

d) Refugee Travel Document issued by the Minister for Justice and Equality -
Document No: _____ Date of Issue: _____

e) Travel Document (other than Refugee Travel Document) issued by the Minister for Justice
and Equality: - Document No: _____
Date of Issue: _____

at _____ (place of signature), this _____ day of _____ (date)

(Signature of Witness) (Contact details/Seal or Stamp, if held)

DELETE 1, 2 (a), 2 (b), 2 (c), 2 (d) or 2 (e) AS NECESSARY

Official stamp

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.