

## **7 FAM 1300 APPENDIX M GENDER CHANGE**

*(CT:CON-351; 01-20-2011)  
(Office of Origin: CA/OCS/PRI)*

### **7 FAM 1310 APPENDIX M SUMMARY**

*(CT:CON-351; 01-20-2011)*

- a. This appendix provides policy and procedures that passport specialists and consular officers must follow in cases in which an applicant requests a gender on the passport application different from the one reflected on some or all of the submitted citizenship and/or identity evidence, including a prior passport.
- b. This policy explains the need for medical certification from a *licensed* physician *who has treated the applicant or reviewed and evaluated the medical history of the applicant* regarding the change in gender, as well as the need for accurate identification and a photograph reflecting the applicant's current appearance. It is based on standards and recommendations of the World Professional Association for Transgender Health (WPATH), recognized as the authority in this field by the American Medical Association.
- c. A passport is defined by INA 101(a)(30) (Immigration and Nationality Act) (8 U.S.C. 1101(a)(30)) as "any travel document issued by competent authority showing the bearer's origin, identity, and nationality if any, which is valid for the entry of the bearer into a foreign country." An individual's gender is an integral part of that person's identity.
- d. Sexual reassignment surgery is not a prerequisite for passport issuance.
- e. Medical certification of gender transition from a *licensed* physician as described in 7 FAM 1320 Appendix M is the only documentation of gender change required. Other medical records are not to be requested. If a passport *specialist* or consular officer has questions about this guidance or a particular case, see 7 FAM *1370* Appendix M.

### **7 FAM 1320 APPENDIX M DOCUMENTS TO BE SUBMITTED WITH PASSPORT APPLICATION**

*(CT:CON-351; 01-20-2011)*

- a. Requirements for all elements of the passport application aside from gender still apply, including:
- (1) **Evidence of U.S. citizenship/nationality.** The applicant must submit acceptable evidence of U.S. citizenship or nationality. (See 7 FAM 1100 Acquisition and Retention of U.S. Citizenship and Nationality.) It is not necessary, however, for the applicant to obtain an amended birth record reflecting the change of gender. State law in the United States and the laws of other countries vary on whether an amended birth certificate may be issued reflecting a gender change;
  - (2) **Evidence of identity.** The applicant must be asked to submit acceptable evidence of identity in the new gender, if available, and must submit evidence of the new name, if changed. (See 7 FAM 1320.) State law and foreign laws vary as to whether a driver's license or other State government form of identity document may be issued reflecting a gender change. If evidence of change of gender in the identity documents is not obtainable because of state or local requirements, the passport may still be issued in the new gender based on the medical certification outlined below in paragraph b(1)(f).;
  - (3) **Photograph.** A recent photograph that reflects a good likeness of, and satisfactorily identifies the applicant must be submitted. The photograph must agree with the submitted identification evidence and reflect the applicant's current and true appearance. (See also 7 FAM 1300 Appendix E Passport Photographs.)
  - (4) **Passport Fee.** All necessary passport fees must be submitted. (See 7 FAM 1300 Appendix G Passport Fees.)
  - (5) **Name Change.** If the applicant's name has been changed, he/she must present satisfactory evidence of a legal name change. Adjudication of the name change must be handled as a routine request and conform to the requirements of 7 FAM 1300 Appendix C, Names to Be Used in Passports.
- b. **Medical Certification Accepted for Gender Change/Transition.**
- (1) A full validity U.S. passport will be issued reflecting a new gender upon presentation of a signed original statement, **on office letterhead**, from *a licensed physician who has treated the applicant for his/her gender-related care or reviewed and evaluated the gender-related medical history of the applicant.*

**Note:**

*Such licensed physicians include Medical Doctors (M.D.) and Doctors of Osteopathy (D.O.). The physicians may specialize in*

*various medical fields, including, but not limited to, internists, endocrinologists, gynecologists, urologists, surgeons, psychiatrists, pediatricians, and family practitioners.*

*Statements from persons who are not licensed physicians, such as psychologists, nurse practitioners, health practitioners, chiropractors, are not acceptable.*

The statement **must** include the following information (See 7 FAM 1320 Appendix M Exhibit B):

- (a) Physician's full name;
- (b) Medical license or certificate number;
- (c) Issuing state, *country*, or other jurisdiction of medical license/certificate;
- (d) Drug Enforcement Administration (DEA) registration number assigned to the *doctor or comparable foreign registration number, if applicable*;
  - (i) *If the U.S.-based licensed physician does not provide a DEA number, you must request that this be provided in a new statement. If the statement with the DEA number is not provided after an appropriate period of time (generally 90 days), the application must be denied.*
  - (ii) *Licensed physicians in foreign countries might not have a DEA number, but might have a comparable foreign registration number. Domestic passport agencies/centers must scan copies of the application and attach all submitted documents to the Adjudication Policy Division (CA/PPT/A/AP) at CA-PPT-AdjQ@state.gov. CA/PPT/A/AP will work with the Directorate of Overseas Citizens Services' Office of Policy Review and Inter Agency Liaison (CA/OCS/PRI) to verify the bona fides of the foreign physician with the applicable post abroad.*
  - (iii) *Posts must verify their own foreign-based licensed physicians or, if the statement is from a physician in another country, contact the post which covers that country for verification.*
- (e) Address and telephone number of the physician;
- (f) Language stating that he/she *has treated* the applicant *or has reviewed and evaluated the medical history of the applicant* and that he/she has a doctor/patient relationship with the applicant;

- (g) Language stating the applicant has had appropriate clinical treatment for gender transition to the new gender *of either* male or female; *and*
  - (h) Language stating “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”
- (2) A two year limited validity passport reflecting the new gender will be issued upon presentation of the following:
- (a) Information listed in paragraph 1(a)-(f) above;
  - (b) Language stating the applicant is in the process of gender transition to the new gender *of either* male or female; and
  - (c) *Language stating “I declare under penalty of perjury under the laws of the United States that the forgoing is true and correct.”*

**c. Adjudication Actions.**

- (1) *The passport specialist or consular officer will annotate the application “gender change” to record the reason for issuing the full validity passport in the new gender.*

**NOTE:** *Passport specialists and consular officers must not ask for additional specific clinical details regarding the gender change from the applicant.*

- (2) *The passport specialist or consular officer will annotate the application “gender transition” to record the reason for issuing the limited validity passport in the new gender. When limited passports are issued in these cases:*

- (a) *Use endorsement code 46 for domestic and Overseas Photodigitized Passports (OPDP) issuance. Annotate the application “gender transition” to record the reason for the limited validity book in the new gender.*

**Endorsement Code 46: THIS PASSPORT EXPIRES ON (MON DAY, YEAR). IT CANNOT BE REPLACED WITHOUT THE EXPRESS AUTHORIZATION OF THE DEPARTMENT OF STATE.**

- (b) *Use endorsement code 109 in Emergency Photodigitized Passports (EPDPs) for urgent overseas cases where the applicant must travel immediately. Limit the EPDP to three months.*

**Endorsement Code 109: THIS PASSPORT EXPIRES ON (mon day, year). IT CANNOT BE REPLACED WITHOUT THE**

**EXPRESS AUTHORIZATION OF THE DEPARTMENT OF STATE.**

- (3) *An applicant will receive a passport for the remaining full validity period without further fee (except for expedited service), if:*
- (a) *He/she applies for the new passport within two years of issuance using Form DS-5504, Application for a U.S. Passport (Name Change, Data Correction, and Limited Passport Book Replacement); and*
  - (b) *Meets the requirements of 7 FAM 1320 Appendix M paragraph a and 7 FAM 1320 Appendix M paragraph b(1).*
  - (c) *Use endorsement code 3 and list the expiration date as five (for minors) or ten years from the issuance date of the original, limited validity passport book, minus one day.*

**Example (for an adult):**

*The issuance date of the limited passport is "July 31, 2010."*

*The issuance date in the new full validity passport will be automatically assigned by TDIS.*

*However, the issuance date is placed in endorsement code must be that of the original, limited passport "July 31, 2010."*

*The expiration date listed in the endorsement must be five (for minors) or ten years from the issuance date of the original, limited validity passport book, minus one day.*

***Endorsement Code 3: THIS PASSPORT REPLACES (REGULAR/OFFICIAL/ DIPLOMATIC) PASSPORT NUMBER (NUMBER) ISSUED ON (MON DAY, YEAR). IT IS VALID UNTIL (MON DAY, YEAR).***

- (4) *If the applicant has not submitted the requested medical certification, use the appropriate Information Request Letter (IRL)*

*in corresponding with the passport applicant. (See also 7 FAM 1320 Appendix M Exhibit A, Example Letter Regarding Gender Change.) (See 7 FAM 1300 Appendix T for general guidance about IRLs.)*

- (5) *If, after two years, the applicant applies for a new passport and gender transition has not been completed, the applicant must submit a new physician's statement reflecting that the applicant still is in the process of gender transition. Another two-year validity passport will be issued.*
- (6) *If an applicant is renewing his/her passport, but is applying for the renewal in a new gender, the applicant must use Form DS-11, and submit medical certification, including all elements previously stated in listed in 7 FAM 1320 Appendix M paragraph b, or birth documentation in the new gender.*
- (7) *If an applicant who has been issued a passport in a new gender requests issuance of a passport in the birth gender, a certification under penalty of perjury from a licensed physician who has treated the applicant or reviewed and evaluated the medical history of applicant is required. The statement must include all the elements previously stated in 7 FAM 1320 Appendix M paragraph b.*

## **7 FAM 1330 APPENDIX M CONVERSATIONS WITH PASSPORT APPLICANTS SEEKING TO DOCUMENT GENDER TRANSITION**

*(CT:CON-334; 06-10-2010)*

- a. As with all passport applicants, you must be sensitive and respectful at all times.
- b. Refer to the applicant by the pronoun appropriate to his/her new gender.
- c. Ask only appropriate questions regarding information necessary to determine citizenship and identity of the applicant.

## **7 FAM 1340 APPENDIX M AMENDING GENDER IN REPORTS OF BIRTH**

*(CT:CON-351; 01-20-2011)*

The Form FS-240, Consular Report of Birth Abroad of Citizen of the United States of America, can be amended by the Vital Records Section of Passport Services (CA/PPT/TO/RS/VR) to reflect the change in gender. The same documentary requirements specified above for passport services would

pertain to amending gender in a Form FS-240. (See 7 FAM 1440, Consular Report of Birth Abroad of a Citizen/*Non-Citizen National* of the United States of America.) Inquirers should be directed to Passport Vital Records.

**Contact ...**

U.S. Department of State  
Passport Services  
Vital Records Section  
1111 19th Street, NW, Suite 510  
Washington, DC 20522-1705  
(202) 955-0307

## **7 FAM 1350 APPENDIX M INTERSEX CONDITIONS (DISORDERS OF SEX DEVELOPMENT)**

*(CT:CON-351; 01-20-2011)*

- a. *"Intersex" is a condition in which a person is born with a reproductive or sexual anatomy and/or chromosomal pattern that does not fit typical definitions of male or female.*
- b. *Birth documentation is often not updated to reflect corrected gender. The applicant must provide a statement from a licensed physician who has treated the applicant for his/her gender-related care or reviewed and evaluated the gender-related medical history of the applicant. The statement must include all the information required in 7 FAM 1320 Appendix M paragraph b(1), adjusting the language to reflect the intersex condition and specify the gender correction to either male or female.*
- c. *Unless the applicant provides the statement described above, the gender listed on his/her birth documentation will determine the gender to be listed in the passport.*

## **7 FAM 1360 APPENDIX M GENDER ERRORS IN ORIGINAL BIRTH CERTIFICATE**

*(CT:CON-351; 01-20-2011)*

If an applicant advises that the gender on his/her birth document mistakenly lists the wrong gender due to typographical error, refer the applicant to the appropriate issuing vital records office *to have the error corrected.*

## 7 FAM 1370 APPENDIX M QUESTIONS

(CT:CON-334; 06-10-2010)

- a. Passport agencies and centers should contact CA-PPT-ADJQ@state.gov for specific guidance.
- b. U.S. embassies and consulates should contact ASKPRI@state.gov for specific guidance.

## 7 FAM 1380 THROUGH 1390 APPENDIX M UNASSIGNED

### 7 FAM 1320 APPENDIX M EXHIBIT A INFORMATION REQUEST LETTER TO APPLICANTS REGARDING GENDER CHANGE

(CT:CON-351; 01-20-2011)

Dear [Name of subject]:

Thank you for your recent passport application. We need your help in order to continue processing your request for the issuance of a passport reflecting a gender different from the one reflected on some or all of the submitted citizenship and/or identity evidence.

A full validity passport reflecting the new gender will be issued to you upon submission of a signed original statement, on office letterhead, from your *licensed* physician. The statement, signed under penalty of perjury, must include *all of* the following information:

- (a) Physician's full name;
- (b) Medical license or certificate number;
- (c) Issuing state of medical license/certificate;
- (d) Drug Enforcement Administration (DEA) registration number assigned to the physician *or comparable foreign designation, if applicable*;
- (e) Address and telephone number of the physician;
- (f) Language stating that he/she *has treated the applicant or reviewed and evaluated the medical history of* the applicant. He/she *also* has a doctor/patient relationship with the applicant;
- (g) Language stating that the applicant has had appropriate clinical treatment for gender transition to the new gender (*specifying* male

or female); *and*

(h) *Language stating "I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct."*

If your gender transition process is ongoing, a two year limited validity passport reflecting the new gender will be issued upon submission of the items above and a statement from your *licensed* physician that you are in the process of gender transition.

If we do not receive the requested information within ninety (90) days or the information you submit is insufficient to establish your gender transition, your passport will be issued in your birth gender. If you prefer you may withdraw your application. By law, passport fees are not refundable. Any special return postage will be returned or refunded.

Sincerely,

[Signature]

[Name]

[Title]

[Name of Passport Issuing Office]

## **7 FAM 1320 APPENDIX M EXHIBIT B MODEL LETTER FOR LICENSED PHYSICIAN CERTIFYING TO THE APPLICANT'S GENDER CHANGE**

*(CT:CON-351; 01-20-2011)*

### **Licensed Physician's Letterhead (Physician's Address and Telephone Number)**

I, (physician's full name), (physician's medical license or certificate number), (issuing *U.S. State/Foreign Country* of medical license/certificate), (DEA Registration number *or comparable foreign designation*), am the physician of (name of patient), with whom I have a doctor/patient relationship *and whom I have treated (or with whom I have a doctor/patient relationship and whose medical history I have reviewed and evaluated)*.

(Name of patient) has had appropriate clinical treatment for gender transition to the new gender (specify new gender male or female).

Or

(Name of patient) is in the process of gender transition to the new gender (specify new gender male or female).

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

Signature of Physician

Typed Name of Physician

Date