

**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS**

Probate Department

**In the Matter of the Change of Sex of:**

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
*First*                      *Middle*

**PETITION FOR CHANGE OF SEX OF AN ADULT**

\_\_\_\_\_  
*Last*

**Petitioner**

1. I, Petitioner, request a judgment changing my sex from:  
                          [ ] male to female; [ ] female to male; [ ] non-binary;
2. I am age 18 or older. My birthdate is: \_\_\_\_\_;
3. I have undergone surgical, hormonal, or other treatment appropriate for me for the purpose of gender transition;
5. I [ ] was [ ] was not born in Oregon;
6. [ ] I request this case record to be sealed and have completed a proposed order to file under seal; *or*  
   [ ] I am not requesting this case record be sealed;

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and are subject to penalty for perjury.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Petitioner's Signature**

**Certificate of Document Preparation.** You are required to truthfully complete this certificate regarding the document you are filing with the court. Check all boxes and complete all blanks that apply:

- I selected this document for myself and I completed it without paid assistance.
- I paid or will pay money to \_\_\_\_\_ for assistance in preparing this document.

**Submitted by:**

\_\_\_\_\_  
Printed Name                      OSB # if Attorney

\_\_\_\_\_  
Address or Contact Address              City, State, Zip                      Telephone or Contact Number