

General Circular No: 01 - 34 / 2016

My Number: DMH/A/18/2016  
Ministry of Health, Nutrition and  
Indigenous Medicine  
385, Ven. Baddegama  
Wimalawansa Thero Mawatha  
Colombo 10.  
16.06.2016.

All:

Provincial Health Secretaries,  
Provincial Directors of Health Services,  
Regional Directors of Health Services,  
Directors of Teaching Hospitals,  
Medical Superintendents of Hospitals,  
Heads of Specialized Campaigns,  
Heads of Health Institutions,  
Deans of Medical Faculties,

### **Issuing of Gender Recognition Certificate for Transgender Community**

*Transgender is an umbrella term for all people whose internal sense of their gender (their gender identity) is different from the sex they were assigned at birth. For example, a transgender woman is someone assigned male at birth who identifies as female (WHO 2015).*

*Transgender people are often socially, economically, politically and legally marginalized. Discrimination and vulnerable to harassment, violence and sexual assault and discrimination in access to public spaces like restaurants, cinemas, public toilets are common. Therefore amending the sex designation on a birth certificate is an extremely important step for a transgender person, to accurately reflect on this legal document the sex with which the individual identifies, and as required proof of sex to obtain other identity and legal documents.*

Considering above facts, Ministry of Health, Nutrition and Indigenous Medicine has decided to establish services for transgender communities in every institution, with capacity of specialist psychiatric care (Consultant Psychiatrist).

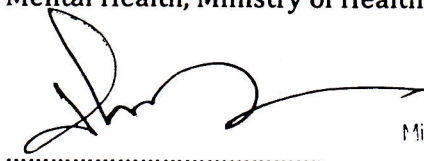
When a person requests service, the responsible consultant psychiatrist will provide the care which includes assessment, counseling and issuing a **Gender Recognition Certificate (GRC)** to assist with the process of changing the sex on a birth certificate. The certificate could be issued only to those above 16 years of age and it will indicate the desired gender as to be shown in birth certificate. This document has to be certified by a Consultant Psychiatrist and then the Head of the Institution working under the Ministry of Health.

When a person in the private sector requests it, he should be referred to the closest government hospital with a Consultant Psychiatrist to obtain the certificate.

A system is established on Transgender information management; maintain a register at the institution for effective monitoring of the services. The Directorate of Mental Health is currently taking steps to set up process for transgender information management. Two main documents need to be maintained.

- Transgender Notification Register (TNR); When a person is issued **GRC**, information such as name, date of birth, birth sex, desired gender, National Identity Card number, bed-head ticket/clinic number should be entered in the TNR. Register will be maintained in the Psychiatric unit of the institution.
- Gender Recognition Certificate will be prepared in triplicate with one to be issued to the person concerned, the second to be retained at the hospital and third to the Directorate of Mental Health, Ministry of Health.

Kindly make arrangements to make aware all the Consultant Psychiatrists and other relevant officers in your institution on the above to stream line services for transgender persons and issuing the **Gender Recognition Certificate**. A copy of the certificate and sample of the register is attached herewith for your information. More details can be obtained from the Directorate of Mental Health, Ministry of Health, Nutrition and Indigenous Medicine.



Dr. P. G. Mahipala  
Director General of Health Services  
Ministry of Health, Nutrition & Indigenous Medicine  
"Suvassiripaya",  
365, Rev. Daddagama Wimalawansa Thero Mawatha,  
Colombo 10.

Dr. P.G. Mahipala  
Director General of Health Services

Cc:

Secretary/Ministry of Health, Nutrition and indigenous Medicine  
Deputy Director General (MS) I  
Deputy Director General (MS) II  
Deputy Director General (NCD)  
Director/Mental Health  
President/Sri Lanka College of Psychiatrists

**Gender Recognition Certificate****Ministry of Health- Sri Lanka**

***This certificate is issued for the purpose of change the gender and name on Birth Certificate by the Section 27 and 52(1) of Birth and Death Registration Ordinance***

**A) General Information**

1. Name in Full: .....
2. Name of the Father: .....
3. Name of the Mother: .....
4. Home Address: .....
5. National Identity Card number: .....
6. Birth sex : MALE/FEMALE (Underline the appropriate)
7. Date of Birth: ..... Birth Place: .....
8. Registered No: ..... Date: .....

**B) Declaration of Gender**

I..... (Full name) of  
..... (Profession)  
declare that the above mentioned person was assessed by me for his/her psychological status for gender reassignment. Based on the assessment I am able to make a diagnosis of male/female to female/male transsexualism according to the criteria of the World Health Organization- International Classification of Diseases 10<sup>th</sup> version.

The afore mentioned person was educated on identified concerns in the overall treatment plan in order to facilitate the process to provide the best available care in accordance with their clinical needs and goals for gender expression.

Following the required procedure the afore mentioned person was referred for hormone therapy and the necessary surgical treatment.



I hereby certify that the afore mentioned person underwent the gender transformation process according to the internationally recognized and accepted standards of care published by the World Professionals Association for Transgender Health (WPATH) and completed the social gender role transition as required.

I further declare that the afore mentioned person changed the gender from..... to..... on ...../...../..... and is eligible to apply for the change of gender and name in the birth certificate as mentioned below.

New name: .....

New gender: .....

Name: .....

Signature: .....

(Consultant psychiatrist)

(Head of the Institution)

.....  
(Official seal)

.....  
(Official seal)

.....  
(Date)

.....  
(Date)

# Transgender Notification Register

**Name of the Institution: .....**

Unit: .....

[illegible]