a Gender Recognition Certificate



A person can apply to have their Gender Recognition Certificate revoked by the State. If your Gender Recognition Certificate is revoked, 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.
- Gender Recognition Certificate.
- Any other relevant documentation.
- If you wish to have a name other than that on your Gender Recognition Certificate shown on the Department's central records database, 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.gov.ie.

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

Application form to revoke

Social Welfare Services GRC 3 Data Classification R

a Gender Recognition Certificate



Part 1	You	r pe	rso	nal	deta	ails									
1. Your PPS No.:															
2. Surname (as per GRC):															
3. First name(s) (as per GRC):															
4. Gender Recognition Certificate number:															
5. Preferred title: (insert an 'X' or specify)	Mr.	Mrs	5.	M	5.		(Othe	er [
6. First name(s) by which you	ı wish to	be k	now	n follo	owing	g rev	ocat	ion:							
7. Surname by which you wis	h to be	know	n fol	lowin	g rev	ocat	ion:								
- W															
8. Your date of birth:	D D	A.A	M	V	Y	v v									
		141	141												
		_													
		Cor	ntac	t De	tails	5									
9. Your address:		Con	ntac	t De	tails	5									
9. Your address:		Con	ntac	t De	tails	5									
9. Your address:		Con	ntac	t De	tails	5									
		Con	ntac	t De	tails	5	Pos								
9. Your address: County		Con	ntac	t De	tails	5	Pos	itco	de						
		Con	ntac	t De	tails	5	Pos	tco	de [M	01	311			
County		Con	ntac	t De	tails	5	Pos	tco	de [LIN		
County 10. Your telephone number:		Con	ntac	t De	tails	5	Pos	tco	de [I E	
County		Con	ntac	t De	tails		Pos	tco	de					I E	
County 10. Your telephone number:		Con	ntac	t De	tails		Pos	tco	de					I E	
County 10. Your telephone number:		Con	ntac	et De	tails		Pos	tco	de					I E	

Statutory Declaration

Statutory Declaration under section 15(8)(d)(ii) of the Gender Recognition Act 2015.

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.

of (current address	
do solemnly and si	cerely declare that I
	and solemn intention to live in my original gender of delete as appropriate) for the rest of my life,
(ii) understand th	e consequences of the application,
and	
(iii) make this app	ication of my own free will.
	Is given above are correct and I make this solemn declaration ieving the same to be true and by virtue of the Statutory 938.
	Date:
Signature of Person m	king Declaration (not block letters)
(Must be signed in the	presence of the witness to the declaration)
	Date: 2 0
Signature of witness (not blo	D D M M Y Y Y Y k letters)

Statutory Declaration

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

Declared before me:		
(Name in Capitals)		
a *Notary Public/Commission	er for Oaths/Peace Commissione	
	Declarations by (name of person r	
*Delete as applicable		
1. Who is personally known to	me or	
2. Who is identified to me by ((one of the following documents)	
a) Public Services Card No	:	Expiry date:
b) Passport - Passport No:		- Issued on:
c) National Identity Card -	Identity Card No:	Issued on:
d) Aliens Passport - Passpo	ort No:	Issued on:
_	ent issued by the Minister for Justi	ce and Equality - of Issue:
		issued by the Minister for Justice
at	(place of signature), this	day of (date)
(Signature of Witness)	(Contact details/Seal or S	Stamp, if held)
DELETE 1, 2 (a), 2 (b), 2 (c), 2	(d), 2 (e) or 2 (f) AS NECESSARY	Official stamp

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. Edition: November 2020

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