

Consent Form

Date :/...../.....

I, the undersigned, grant my consent
for

who is my child to have sex reassignment surgery and/or the following surgery.

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I do understand there are risks involved and I am aware of the dangers, but also support her choice to undergo the surgery. I understand the full import of this decision and I am emotionally and mentally competent to make this consent.

..... (sign)

(.....) (print)

Witness :

.....
.....

Remarks : The undersigned must attach his/her I.D. card copy or passport copy and sign to certify true and correct on the said copy.