***Change of name***

We are unable to take change of name requests and details by telephone, this form must be completed and brought into the Surgery.

Please use **BLOCK CAPITALS** to fill out the entire form.

PLEASE be advised your change of name may have implications for Hospital records. If you are seeing or waiting for an appointment with a specialist at a hospital, you will need to contact the Hospital and advise them of your change of name.

Current Recorded Forename: ..……………....……………………….……….. DoB: …....…/…....…/.…..…….….

Current Recorded Surname: ..……………....……………………….…………………………………………………………………

New Name (including title): .……………....……………………….………....……………....………………………………………

Reason for Change (*you are not required to give a reason, however we would appreciate one for our records*):

Change in Marital Status: □

Deed Poll: □

I do not wish to state a reason: □

Other (please specify): □………………………………………………………………………………………………….......

To ensure that we can contact you, if necessary, please confirm your current contact details.

**Contact details:**

Home Telephone: ……………………………….……………Mobile Telephone: …………………………………….…………….

Email Address: ………………………………………………………………………………………………………….…………………………

Address: ………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………… Postcode: ..………………………………………

**Signed**: …………………………………………………….. **Printed Name** ………………………………………………………………..

**Dated** ………………………………………………………

**When returning this form to reception, please provide PHOTO ID and any relevant documentation.**

**Office use only:**

**Photo ID checked by: ………………………………………………………………………**

**Paper notes requested:** □

**Name changed on emis record:** □

**Scanned onto patient record:** □