



Change of Address

Please print and complete the form below and bring into the surgery with **two** forms of identification. One form of photo ID and one proof of address i.e. Passport, Photo Driving Licence, Photo Bus pass, Student ID **and** one official letter bearing your name and address i.e. Bank or Building Society, Utility Company, Local Council, Landline Telephone Provider. (**Note:** A photo driving licence will suffice for both photo ID and proof of address)

If you are moving outside the practice area, you are advised to register with a GP nearer to your new address. If you move outside of the Vale of York CCG you will automatically be removed from our patient list

Patient Name		
Date of birth		
Address Moving From		
Postcode		

New Address		
Postcode		
Tel No.		
Mobile No.		
Email		
Date from		

Please also list below any children who have moved with you from your old address to your new address:
(Each adult in the household **must** fill out their own separate change of address form)

Name of Child: **DoB:**

Name of Child: **DoB:**

Name of Child: **DoB:**

Name of Child: **DoB:**

Signed		Date	
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For Practice use only

Patient NHS Number:		Identity Verification Method:	
ID verified by:	Date:	Photo Driving Licence <input type="checkbox"/>	Passport <input type="checkbox"/>
		Bus Photo Pass <input type="checkbox"/>	Student ID <input type="checkbox"/>
Authorised by (if applicable):	Date:	Bank/Building Scty <input type="checkbox"/>	Local Council <input type="checkbox"/>
		Utility Co. <input type="checkbox"/>	Landline Provider <input type="checkbox"/>
		Other (please state)	