



## Change of Address

Please 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.

<b>Patient Name</b>		
<b>Date of birth</b>		
<b>Address Moving From</b>		
<b>Postcode</b>		

<b>New Address</b>		
<b>Postcode</b>		
<b>Tel No.</b>		
<b>Mobile No.</b>		
<b>Email</b>		
<b>Date from</b>		

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:** .....

<b>Signed</b>		<b>Date</b>	
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### For Practice use only

<b>Patient NHS Number:</b>		<b>Identity Verification Method:</b>	
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)	