

**Roths Medical Practice  
Pitteuchar  
KY7 4RH**

Dear Doctors

**CHANGE OF SURNAME – CHILD**

**I (full name)**.....

**Of (address)**.....

.....

**Wish my child (name)**.....

.....

**To be known as (new name)**.....

.....

**From (date)**.....

I am exercising my parental rights in changing my child's name and I understand that this change to your GP & NHS systems does not constitute any legal responsibility on your part. I accept full responsibility for this change and confirm that :

- My child was born before 4 May 2006 and does not require the father's consent\*
- the child's father has consented to this change\* or
- that a court order has been granted allowing me to do this\*.

(\* - delete as required)

I understand that this document will be held in my child's medical record and may be shared with other parties with an interest in my child, on request.

Yours sincerely

Signature of both Parents (if consent required) .

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