



Wetherby & Bramham Surgery

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.

Patient Name			
Date of birth			
Address Moving From			
Postcode			

New Address			
Postcode			
Landline No.		Please indicate preferred contact method <input type="checkbox"/>	
Mobile No.		Please indicate preferred contact method <input type="checkbox"/>	
Email		Please indicate preferred contact method <input type="checkbox"/>	
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)	