



Change of Name

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)

Previous Surname		
Previous First Name		
D.o.B		
New Surname		
New First Name		

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ (tick as appropriate)

Signature:	Date	
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For Practice use only

Patient NHS Number:		Identity Verification Method:	
ID verified by:	Date:	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)	