

**PARKLANDS SURGERY**  
**CHANGE OF NAME / ADDRESS FORM**

**PLEASE NOTE:**

Checked by (Staff Initials) \_\_\_\_\_

\* We require **written proof** of any name change eg, Marriage Certificate or Deed Poll Certificate – please photocopy

\*\* Children under 5 – parents must complete a Health Visiting Service amendments form.

**UP-TO-DATE TELEPHONE NUMBER REQUIRED FOR ALL AMENDMENTS - THANK YOU**

| <b>PRESENT<br/>SURNAME</b>              | <b>PREVIOUS<br/>SURNAME</b> | <b>FORENAME(S)</b>                      | <b>DATE OF BIRTH</b> |
|---|-----------------------------|---|----------------------|
|   |                             |   |                      |
| <b>OLD ADDRESS – INCLUDING POSTCODE</b> |                             | <b>NEW ADDRESS – INCLUDING POSTCODE</b> |                      |
|   |                             | <b>TEL NO:</b>                          |                      |
|   |                             | <b>MOBILE NO:</b>                       |                      |

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**FOR STAFF USE ONLY**

When submitting a name change on EMIS please make sure you give the reason, eg marriage and the document you have seen / photocopied in the Notes for HA/HB section before filing the amendment.

Thank you.

Amended By:

Date: