

**THE QUARTER JACK SURGERY
CHANGE OF NAME FOR PATIENT UNDER 16
PARENT/S TO PROVIDE PHOTO 1D PLEASE**

New FULL NAME (please print) Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of birth
Previous FULL NAME (please print) <i>We are required to keep a record of all previous names for identification purposes. Office use: enter previous 1st name manually.</i>		NHS no.
Address (including post code)		
Telephone number (where we can contact you if there is a query)	Name of registered doctor	
In some circumstances it is necessary to obtain the consent of the child – we will advise you if this is the case		
Form not required if child adopted – record is changed when we are notified by The Central Register		
*Name and Signature of mother:		Date:
*Name and Signature of father:		Date:
A signed and dated letter of consent will be accepted in lieu of signature on this form.		
You can use the following as evidence of name change: Give us sight of an original enrolled deed poll - only UK DEED POLL SERVICE documents with official watermark and stamp can be accepted Or an unenrolled deed poll with either proof that there is no other parent with Parental Responsibility Or proof that the other parent with Parental Responsibility has given consent. A copy of this will be held securely in the paper record. Applications to change a name without this evidence will not be considered.		
If child is currently receiving treatment at a hospital, please inform them directly of this change. If child has repeat medication, please inform pharmacy directly of this change.		
For office use only: PLEASE REFER TO PRACTICE MANAGER/DEPUTY BEFORE CHANGING RECORD		
Which document was submitted as proof of parents identity?	Parent/s ID checked by:	Date:
Which document was submitted as proof of identity/name change? Note: for changes to birth certificate, surname is shown in capitals.	Checked by:	Date:
Has official watermark been witnessed by member of staff? Watermark will show on original document and official copies only.	Deed poll cannot be accepted without official watermark. Signature of staff member:	
Date to record:	Scanned to patient notes under ‘social and personal history’ by:	
	Date process complete:	

For more information on changing a child’s name go to
<http://www.deedpoll.org.uk/CanIChangeMyChildsName.html#Section1>