



CHURCH CLOSE, ANDOVER, SP10 1DP
01264 361424 www.stmaryssurgery.co.uk

Change of name

We are unable to take change of name requests and details by telephone, this form must be completed and brought into the Surgery.

Please use **BLOCK CAPITALS** to fill out the entire form.

PLEASE be advised your change of name may have implications for Hospital records. If you are seeing or waiting for an appointment with a specialist at a hospital, you will need to contact the Hospital and advise them of your change of name.

Current Recorded Forename: DoB:/...../.....

Current Recorded Surname:

New Name (including title):

Reason for Change (*you are not required to give a reason, however we would appreciate one for our records*):

Change in Marital Status:

Deed Poll:

I do not wish to state a reason:

Other (please specify):

To ensure that we can contact you, if necessary, please confirm your current contact details.

Contact details:

Home Telephone: Mobile Telephone:

Email Address:

Address:

.....

..... Postcode:

Signed: Printed Name

Dated

When returning this form to reception, please provide PHOTO ID and any relevant documentation.



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Office use only:

Photo ID checked by:

Paper notes requested:

Name changed on emis record:

Scanned onto patient record: