



# NOTIFICATION OF A CHANGE OF NAME OR CHANGE OF ADDRESS FORM

PLEASE PRINT CLEARLY IN CAPITAL LETTERS  
WE WILL NOT BE ABLE TO UPDATE OUR RECORDS UNLESS  
**ALL** SECTIONS OF THIS FORM ARE COMPLETED

SURNAME			
FORENAME[S]			
DATE OF BIRTH			
NEW ADDRESS			
POST CODE			
TELEPHONE NUMBER			
OLD ADDRESS [first line and post code is sufficient]			
NEW NAME			
ETHNICITY	1. White 2. Black Caribbean 3. Black African 4. Black – other 5. Indian 6. Pakistani 7. Bangladeshi 8. Chinese 9. Other Ethnic – non mixed 10. Other Ethnic – mixed origin 11. Prefer not to say		
PATIENT SIGNATURE		DATE	

THE ABOVE CHANGE OF NAME/ADDRESS ALSO APPLIES TO:

SURNAME	FORENAME[S]	DATE OF BIRTH	ETHNICITY <small>[PLEASE USE CATEGORIES ABOVE]</small>