

**Intimation to health board or change of patients
name and/or address**

For children under 16, change of name requires authorisation from both parents (if named on birth certificate) or all persons with legal parental rights & responsibility status.

Existing details

Surname _____ Mr/Mrs/Miss/Ms _____

Forename _____ DOB _____/_____/_____

New Address

Post Code _____ Tel(Home) _____

Mobile _____

Previous details

Name(s):

Mr/Mrs/Ms/Other _____

Address (including Post Code)

1. _____

*** Additional patients with change of address**

1. _____ DOB _____/_____/_____

2. _____ DOB _____/_____/_____

3. _____ DOB _____/_____/_____

4. _____ DOB _____/_____/_____

5. _____ DOB _____/_____/_____

**I confirm I am authorised to make a change of name/address for all patients listed/No 2nd
signature as required (delete as appropriate)**

*Signature 1 _____ Date _____

Name _____ (please print)

*Signature 2 _____ Date _____

Name _____ (please print)