

Dear Doctors

**CHANGE OF SURNAME – CHILD**

**I (full name)**.....

**Of (address)**.....

.....

**Wish my child (name)**.....

.....

**To be known as (new name)**.....

.....

**From (date)**.....

I am exercising my parental rights in changing my child's name and I understand that this change to your GP & NHS systems does not constitute any legal responsibility on your part. I accept full responsibility for this change and confirm that :

- My child was born before 4 May 2006 and does not require the father's consent\*
- the child's father has consented to this change\* or
- that a court order has been granted allowing me to do this\*.

(\* - delete as required)

I understand that this document will be held in my child's medical record and may be shared with other parties with an interest in my child, on request.

Yours sincerely

Signature:.....