

**THE BURNHAM SURGERY, FOUNDRY LANE, BURNHAM-ON-CROUCH, ESSEX CM0 8SJ**

**CHANGE OF NAME AND / OR ADDRESS**

NAME (in full): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AREA: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT TEL NO: \_\_\_\_\_

PREVIOUS NAME (if changed): \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

AREA: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

HOME TEL NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

**THIS CHANGE OF ADDRESS ALSO APPLIES TO THE FOLLOWING MEMBERS OF MY FAMILY:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CONSENT TO RECEIVE TEXT MESSAGES FOR APPOINTMENTS & REMINDERS : **YES / NO**

**TYPE OF PROOF SEEN:** \_\_\_\_\_ **STAFF NAME:** \_\_\_\_\_