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

**CHANGE OF NAME AND / OR ADDRESS**

**Please bring in proof of new address when handing in this form such as Council Tax bill**

NAME (in full):

Gender Identity (GI) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:

NEW ADDRESS:

POSTCODE:

HOME TEL NO: MOBILE NO:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT TEL NO:

PREVIOUS NAME (if changed):

PREVIOUS ADDRESS:

POSTCODE:

HOME TEL NO: MOBILE NO:

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

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

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

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

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

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

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