



Dear Doctors

CHANGE OF SURNAME – CHILD

I (full name).....

of (address).....

Wish my child (name of child).....

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

From (date).....

I am exercising my parental rights in changing my child's name and I understand that if the child's fathers name is on the birth certificate his permission is required to make this change. I understand 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:

- The child's father/mother has consented to this change
- That a court order has been granted allowing me to do this.

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)