

GMF/153

(June 2009)

AMENDMENT TO CHILD'S DETAILS REQUEST

(Child denotes person under 18 years)

This form may be used to request a name change on a child's Medical Card on the understanding that this is a matter of convenience and not a legal change.

**To: Business Services Organisation, Family Practitioner Services –
Medical, 2 Franklin Street, Belfast, BT2 8DQ**

Dear Sir/Madam

I wish to advise you that my child born on _____

and previously known as

(forenames)_____ (surname)_____

is now known as

(forenames)_____ (surname)_____

and currently resides at :

My child is currently registered with Dr

1. There * is/is not a decree absolute (divorce) in respect of the marriage of the parents of this child.

NOTE: If the parents are divorced, both signatures are required.

2. There * is / is not an adoption order in respect of this child.

Date of adoption (if applicable) _____

Copy adoption certificate attached.

3. There * is / is not a care order in respect of this child.

(copy attached if applicable)

4. *My child's name has not been changed at the Registrar General's Office.

or

5. *My child's name has been changed at the Registrar General's Office and I enclose a copy of the amended Birth certificate.

*** Delete as appropriate**

Please note:

If at a future date this name change is challenged by the other parent, then the Medical Card will be reverted back to the original name, as shown on the child's Birth Certificate. Any dispute regarding a child's name must be settled by the courts.

I also confirm that I have parental responsibility of this child at present and want a medical card in his/her new details.

I have read and understand the above and declare that the information given on this form is true.

Yours faithfully

Signature of Parent(s)/Guardian :

Date: _____

Telephone: _____