

AMENDMENT TO ADULT DETAILS

(OTHER THAN ON MARRIAGE)

To whom it may concern
Business Services Organisation
Operations Directorate
Family Practitioner Services (FPS)
2 Franklin Street
BELFAST
BT2 8DQ

Dear Sir/Madam

I wish to advise you that I, absolutely and entirely renounce, relinquish
and abandon the use of my former name of

(forenames) _____ (surname) _____

and assume, adopt and determine to take and use the name of

(forenames) _____ (surname) _____

My date of birth is _____ and I

currently reside at _____

Telephone: _____

I am registered with Dr _____

I attach a copy of the following document:

-) Birth Certificate
-) Statutory Declaration or
- delete as appropriate**) Deed Poll (drawn up by a solicitor) or
-) Civil Partnership Certificate

I declare that the information given on this form is true.

Yours faithfully

Signature: _____

Date: _____