

CHANGE OF NAME (SELF COMPLETION FORM)

PLEASE WRITE CLEAR AND IN CAPTAILS YOUR PERONSAL DETAILS:

CURRENT NAME (on records): _____

DOB: _____

ADDRESS: _____

TELEPHONE NUMBER (landline): _____

Mobile: _____

NAME TO BE CHANGED TO:

MR MISS MRS MS

FIRST NAME: _____

SURNAME: _____

Reason for change and documentation shown:

TO BE FILLED IN BY MEMBER OF STAFF

Name: _____

Date: _____

Documentation photocopied and shown: _____

Changed on SY1: (tick when actioned)

Passed to HD: (tick when actioned)