



# BERRYCROFT

## Community Health Centre

### Change of Address

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide proof of your new address; this can include a copy of a utility bill/ bank statement / council tax.

\*Please complete a Change of Address form for everyone in your household, including children\*

*Please be aware that you will be required to re-register with another GP surgery if your new address falls outside of our catchment area. You can check your new postcode on our website. Once we receive your change of address, you will have 30 days to register with another GP before you are removed from our system.*

---

### Change of Name

OLD Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NEW Name: \_\_\_\_\_ (Include title)

Please ensure you provide proof of your name change; this can include a copy of deed poll documents/ marriage certificate.

Marital Status: Single/Married/Divorced/Separated/Cohabiting/Widowed or Widower (Please Circle)

Preferred Pronouns (Please Circle): He/Him, She/Her, They/Them, Other – please detail below.

\_\_\_\_\_

If your change of name includes a change of gender, please notify a member of the reception team as there are further forms to be completed.

---

### Updated Contact Details

Updated Telephone Number: \_\_\_\_\_

Updated Email Address: \_\_\_\_\_



**BERRYCROFT**

Community Health Centre