



Notification of change of name

PLEASE NOTE THAT THE THAMES VALLEY PRIMARY CARE AGENCY (TVPCA) REQUIRE OFFICIAL PROOF, SO WE WILL ASK FOR YOUR MARRIAGE CERTIFICATE / DEED POLL TO BE BROUGHT INTO THE SURGERY, SO WE CAN TAKE A COPY.

(BLOCK CAPITALS PLEASE)

CURRENT FULL NAME	
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Date of Birth	
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NEW FULL NAME	
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(And I have provided evidence of this.)

For office use:

Copy of certificate/Deed poll taken and attached	Signed: Date:
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