

## **Request to amend a child's details**

**(Child denotes a person under 18 years of age)**

**Persons aged 16 or 17 who wish to change their name should complete form GMF/154**

**Please note that young persons aged 16 years and 17 years are entitled to change their name without parental consent, should they wish.**

### **WHY YOU NEED TO COMPLETE THIS FORM**

This form must be used to request a name change on a child's medical records and signed by both parents, where they both have parental responsibility. Please refer to the Information Sheet on Page 5

**THE CHILD'S NAME ON THEIR MEDICAL CARD WILL ONLY BE THAT WHICH IS RECORDED AS THEIR LEGAL NAME AND NOT ANY NAME THEY ARE KNOWN BY OR ALIAS WHICH MAY BE USED.**

**The BSO will not be held responsible or liable for any change which has been made incorrectly, or any disputes or claim(s) which may arise as a result of this name change.**

**You must provide proof of your parental responsibility with this form. Please refer to section 4. Please note that if you do not supply the correct supporting documents along with this form, it will not be processed. It will be necessary for you to make a new application and supply the correct documents along with it. The BSO will not enter into correspondence regarding this application.**

The Business Services Organisation is a Data Controller under the Data Protection Act 2018. We hold information for the purposes specified in our notification to the Information Commissioner, including the management of health service and the assessment of patient charges. We may get information about you from others, or we may give information to them. If we do, it will only be as the law permits and/or to:

- check the accuracy of the information provided;
- prevent or detect crime;
- protect public funds.

**SECTION 1: Details of the person(s) making the request:**

**Person 1**

**Person 2**

**1.1 Health and Care Number:**

<input type="text"/>									
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**1.2 Title:**

Mr    Mrs    Miss    Ms  
Other

Title

**1.3 Surname:**

**1.4 Forename(s) (in full):**

**1.5 Date of Birth:**

**1.6 Current address:**

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

**1.7 Your relationship to the child:**

Proof of relationship is required

**1.1 Health and Care Number:**

<input type="text"/>									
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**1.2 Title:**

Mr    Mrs    Miss    Ms  
Other

**1.3 Surname:**

**1.4 Forename(s) (in full):**

**1.5 Date of Birth:**

**1.6 Current address:**

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode <input type="text"/>

**1.7 Your relationship to the child:**

Proof of relationship is required

## Request to amend a child's details

(Child denotes a person under 18 years of age)

### SECTION 2: Details of the child as currently held by the BSO before change:

<p><b>2.1 Health and Care Number:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> <p><b>2.2 Surname which child is currently registered with:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>2.3 Forename(s) (in full) child is currently registered with :</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>2.4 Please state below any other name(s) the child is also known by:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="font-size: small;">This name will not be used for the purposes of issuing a medical card</p> <p><b>2.5 Date of Birth:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>											<p><b>2.6 Current address:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Postcode <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p><b>2.7 GP Practice where child is currently registered</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Address</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

### SECTION 3: Childs New Details

I wish to amend the child's  
*(Please tick whichever applies)*

		Previous		New
Surname	<input type="checkbox"/>	From		To
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Forename(s)	<input type="checkbox"/>	From		To
			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

## SECTION 4: Documentation

**4.0** I/we have parental responsibility for this child at present and I/we are providing:

- Amended Birth certificate
- NI Court order, or
- Full birth certificate or
- Deed Poll, enrolled with the Northern Ireland Courts or letter from the solicitor's office who officiated the change of name, confirming they administered the change of name via the Deed Poll process.
- Adoption certificate or
- NI Care order

## SECTION 5: Declaration

I/we\* declare that I am/we are\* authorised to request the change of child's name, the information I/we\* have provided on this form is true and correct and the documents supplied are valid, apply in Northern Ireland and have not been superseded by or are in contravention of a court order or other legal document which is valid and applies in Northern Ireland. I/we\* understand and agree that the BSO will not be held responsible or liable for any change which has been made incorrectly or any disputes or claims which may arise as a result of this change of name. I/we\* understand in the event of a dispute, the BSO will revert the child's name to the one on their birth certificate.

I/we\* understand that by signing this form, I am/we are\* consenting to the sharing of this information to and by the Business Services Organisation, with other bodies including HSC organisations, Fraud Prevention Agencies and Government Bodies such as the Department for Communities, Department of Work and Pensions, Her Majesty's Revenue and Customs, the Home Office, the Health Service Executive and the Department of Social Protection, for the following purposes:

- to check the accuracy of the information provided;
- prevent or detect crime;
- protect public funds.

I/we\* understand that by not providing consent for the sharing of information relating to the entitlement of this applicant, this may affect their ability to access Health and Social Care Services in Northern Ireland, including registration with a GP Practice.

*\* delete as appropriate*

Person 1		Person 2	
Signature:	<input type="text"/>	Signature:	<input type="text"/>
Print	<input type="text"/>	Print Name:	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

**You must provide proof of your parental responsibility with this form. Please refer to section 4 NB: If you do not supply the correct supporting documents along with this form, it will not be processed. It will be necessary for you to make a new application and supply the correct documents along with it. The BSO will not enter into correspondence regarding this application.**

## INFORMATION SHEET

Only persons who hold parental responsibility can change a child's name.

You have Parental Responsibility in the UK if:

- You are named on the child's birth certificate and haven't previously lost parental responsibility through a court order
- You are the child's mother
- You were married to the child's mother at the time the child was born, or married later
- You are the adoptive parent
- You are not married to the child's mother, but hold a parental responsibility order or agreement
- You have a residence order showing that the child is to live with you
- You are not married to the child's mother but you jointly registered the birth of your child in Northern Ireland on or after 15<sup>th</sup> April 2002 and your details are included on the birth certificate

NB: Any court orders or Deed Poll's which have been issued outside Northern Ireland must be registered with the NI Courts in order to be valid in NI.

**Each person with parental responsibility must sign the form, unless one of the following applies:**

- *You have a court order registered in NI which provides you with sole parental responsibility, **or***
- *The other parent is deceased, **or***
- *You are the only parent named on the birth certificate and there is not a court order in place granting parental responsibility to another person , **or***
- *The child's new name has been registered with the General Registrars' Office NI, **or***
- *You have adopted the child, **or***
- *There is a care order in place for this child.*

**You must provide a copy of the relevant document when submitting the form.**

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