

**AMENDMENT TO CHILD'S DETAILS REQUEST**

To whom it may concern  
Medical Directorate  
Business Services Organisation  
2 Franklin Street  
Belfast, BT2 8DQ

Dear Sir/Madam

I wish to advise you that my child born on \_\_\_\_\_ and previously known  
as (forenames) \_\_\_\_\_ (surname) \_\_\_\_\_  
is now known as (forenames) \_\_\_\_\_ (surname) \_\_\_\_\_  
and currently resides at : \_\_\_\_\_  
\_\_\_\_\_

My child is currently registered with Dr \_\_\_\_\_

There \* is/is not a decree absolute (divorce) in respect of the marriage of the parents of this  
child. **NOTE:** If the parents are divorced, both signatures are required.

There \* is / is not an adoption order in respect of this child.  
Date of adoption (if applicable) \_\_\_\_\_ Copy adoption certificate attached.

There \* is / is not a care order in respect of this child. (copy attached if applicable)

\* My child's name has not been changed at the Registrar General's Office.

or

\* My child's name has been changed at the Registrar General's Office and I enclose a  
copy of the amended Birth certificate.

**\* Delete as appropriate**

**I also confirm that I have care of this child at present and therefore wish the Agency's  
records to show his/her new details.**

Other particulars which may be relevant to this request are disclosed overleaf.

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

Yours faithfully

Signature of Parent(s)/Guardian : \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**(Child denotes person under 18 years)**