

## Application for Change of Name

**Instructions for completing this form** The information on this form is being collected in accordance with the provisions of the *Health Professions Registration Act 2005* and associated Regulations to assist the Board in carrying out its statutory functions. See the Board's Privacy Policy, which is available on our website, for further details.

- Use BLOCK Letters and Black or Blue ink and ✓ appropriate boxes.
- Complete all sections of the form.
- **Post the completed form with the supporting documents to the Board at the address listed above.**

### Section 1: Current registration details

Record here the details that currently appear on the register.

Dentist       Dental Prosthetist       Dental Hygienist       Dental Therapist

Endorsed as a  Dental Specialist

#### OLD NAME

Title:     Dr     Miss     Mr     Mrs     Ms     Other [please specify] .....

Family Name: .....

Given Name: .....

Other Names: .....

Registration Number ..... Date of Birth: ...../...../.....  
Day Month Year

### Section 2: New name details

Record here your new name. You must attach evidence of your change of name e.g. a certified photocopy of the Change of Name certificate or marriage certificate.

#### NEW NAME

Title:     Dr     Miss     Mr     Mrs     Ms     Other [please specify] .....

Family Name: .....

Given Name: .....

Other Names: .....

### Section 3: To be signed by practitioner

Please update the register with my new name.

Signature:.....

Date: .....

Office Use Only

Recd:...../...../..... D/bUpdated:...../...../..... Evidence.....

WebUpdated:...../...../..... AckSent :...../...../.....