



## PPPG for Requesting Name/Gender Change in Healthcare Records Management

### Name/Gender Change Request Form

*(To be completed using black pen and BLOCK CAPITALS)*

RID \_\_\_\_\_

Surname: \_\_\_\_\_

Forename: \_\_\_\_\_

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

\_\_\_\_\_

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

*Please update the name on the above's healthcare record as per the details provided below:*

Change **Surname** from: \_\_\_\_\_ to \_\_\_\_\_

Change **Forename** from: \_\_\_\_\_ to \_\_\_\_\_

Change **Gender** from: \_\_\_\_\_ to \_\_\_\_\_

Preferred pronouns: \_\_\_\_\_

#### **Request made on behalf of:**

Self       Child (specify relationship to child, i.e. parent/legal guardian)

\_\_\_\_\_

#### **Supporting Legal Evidence provided:**

Birth Certificate       Marriage/Civil Partnership Certificate

Adoption Certificate       Deed Poll Certificate

Registration Surname for Birth Certificate

Gender Recognition Certificate

Service User signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to the Healthcare Records Officer, Medical Records Dept, SIVUH, Old Blackrock Rd, Cork, T12 X23H or email form and copy of supporting documentation to [dpo@sivuh.ie](mailto:dpo@sivuh.ie)**

#### **Office Use Only:**

Details updated on IT System including any stand-alone systems

