



## REQUEST FOR NAME CHANGE ON THE MEDICAL RECORD

Please select appropriate Name Change request if you have recently been married/divorced or for newborn name change.

Name change due to marriage requires a copy of the Marriage Certificate.

I hereby request to change my name of my medical record due to **marriage**:

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Record #

\_\_\_\_\_  
Witness

Name change due to divorce requires a copy of the Court Order showing the name change judgment.

I hereby request to change my name of my medical record due to **divorce**:

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Record #

\_\_\_\_\_  
Witness

Name change for **Newborns**. I have now given my baby a name, a birth certificate is provided.

I hereby request his/her medical record to be changed.

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Record #

\_\_\_\_\_  
Witness