





CHANGE OF NAME

This form is to be used to allow an elector to apply to amend their name on the Register at the address where they are currently registered.

Please use **BLOCK LETTERS** and complete in black ink.

ADDRESS WHERE CURRENTLY REGISTERED	
	Postcode
CURRENTLY REGISTERED AS	
Surname	Forename(s)
NEW NAME	
Surname	Forename(s)
CONTACT POINTS In case we have a query, a daytime and evening telephone number would be helpful. An e-mail address is also very useful. You do not have to provide this information.	
 Daytime Telephone No	
<input type="text"/>	
 Evening Telephone No	
<input type="text"/>	
 E-Mail Address	
<input type="text"/>	
YOUR SIGNATURE The fine for false information is up to £1000. Each person has to sign their own form. The form will be returned if it is not signed.	
As far as I know, the details on this form are true and accurate. I am a British, other Commonwealth, Irish or other European Union citizen.	
Signed	Date
<input type="text"/>	<input type="text"/>

HOW TO GET IN TOUCH WITH US:	
Electoral Registration Officer 17A South Gyle Crescent Edinburgh EH12 9FL	HELPLINE  0131 344 2500 Fax : 0131 344 2600 E-Mail : enquiries@lothian-vjb.gov.uk Visit our Website : www.lothian-vjb.gov.uk

PLEASE RETURN THIS FORM TO YOUR LOCAL ELECTORAL REGISTRATION OFFICER