

## HOW CAN I CHANGE MY REGISTERED NAME?

If your name has changed and you wish to practise under your new name, please complete the form overleaf.

You should complete and return it to us along with **certified copies** of documentary evidence such as your marriage certificate or a change of name deed poll.

**RETURN ADDRESS:** Registration Operations Team  
General Dental Council  
37 Wimpole Street  
London W1G 8DQ  
United Kingdom

**Your documentary evidence should be certified by a person of professional standing (in any country) such as a:**

- dentist
- dental care professional
- doctor
- person entitled to practise law
- minister of religion
- bank/building society official
- chiropodist
- civil servant
- MP
- officer of the armed forces
- optician
- police officer
- teacher
- pharmacist
- or persons of similar standing

**A certified copy is one:**

- On which the person certifying has confirmed in writing, in English, that they have inspected the original document and that the copy is a true copy; and
- Where the person certifying is the head of the applicant's dental training school or their nominee or the person responsible for supervision of the applicant's training, or another person of professional standing (in any country) including a dentist, doctor, person entitled to practise law, minister of religion or a civil servant ; and
- Where the copy bears the name, address and signature of the person certifying it; and
- Where the person certifying the document is not the applicant themselves, or a member of their family.

**PLEASE COMPLETE AND RETURN THIS FORM TO:** Registration Operations Team  
General Dental Council  
37 Wimpole Street  
London W1G 8DQ  
United Kingdom

Please complete in **BLOCK CAPITALS** and **sign and date** at the bottom of the page

**CHANGE OF REGISTERED NAME**

You must provide **supporting documentary evidence** such as a **certified** copy of your marriage certificate or change of name deed poll. For information on who can certify your documents please see overleaf.

**Current registered details:**

Title: ..... Last name: .....

First name(s): ..... Registration number: .....

**New name to appear on the register:**

Title: .....

Last name: ..... First name(s): .....

- Please tick if you would like the above supporting documentary evidence to be returned to you. If so, please enclose a stamped self-addressed envelope with this form.  
If you request your evidence to be returned but do not include an envelope you will be requested to pay a document return fee of £10.  
**Please note: If you do not request your documents to be returned they will be destroyed.**
- Please tick if you wish to receive a replacement Annual Practising Certificate showing your new registered name.

**HAVE ANY OF YOUR OTHER CONTACT DETAILS CHANGED?**

House name / number: ..... Street: .....

Town: ..... County: .....

Postcode: ..... Country: .....

Home number: ..... Mobile number: .....

Work number: ..... Email address: .....

**Please sign and date:**

Signed: ..... Date: .....