

TEXAS CHILDREN'S LEGAL NAME CHANGE REQUEST FORM

Opti – Label – Before Name Change

I, the undersigned, hereby authorize Texas Children's to change the patient's name as follows:

FROM: (PLEASE PRINT)

First Name Middle Name Last Name Date of Birth Sex

TO: (PLEASE PRINT)

First Name Middle Name Last Name Date of Birth Sex

REASON FOR CHANGE: -----

If due to adoption, please indicate whether Open Adoption (or) Closed Adoption

I, do hereby, declare that I am the patient, parent or legal guardian and am responsible for the legal name with regard to the said patient. Self Parent Legal Guardian

Printed name of Requestor Signature of Requestor Date

Phone Number Email Address

Name Change Requirements:

One of the following documents should accompany this form and be returned to the Health Information Management Department (exceptions: Medstat and Babyboy/Babygirl)

1. Birth Certificate
 2. Final Adoption Decree*
 3. Marriage Certificate
 4. Court Order
 5. Copy of Driver's Licence
 6. Social Security Card
- *Required for Adoption Name Changes

This information is privileged and confidential pursuant to Texas Health & Safety code sections 161.031-161.033 and Texas Occupations Code section 160.007 and/or T.R.C.P. 192.5

Mail or fax form to:
Health Information Management
6621 Fannin
MC-A1195
Houston, Texas 77030

Monday – Friday 8:00 am – 5:00 pm
Fax: 832-825-0124
832-824-0140 / 1-877-361-0111

After Business Hrs and Weekends
Fax: 832-825-8873