**Child Identity & Parental Responsibility Verification Form**

**Child’s name: Child’s date of birth:**

**Child’s address:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of adult with legal**  **parental responsibility for this child** | **Relationship to the child** | **Adult’s Date of Birth** | **Address of person with parental responsibility** | **I declare that I have legal parental responsibility for this child (please sign)** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |

**I declare that the person named in row 2 above has legal parental responsibility for the above named child.**

**YOUR NAME: YOUR SIGNATURE:**

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**(Staff Use Only)**

|  |  |  |
| --- | --- | --- |
| Child’s birth certificate viewed? | Y / N | |
| Name(s) listed on child’s birth certificate as parents |  |  |
| Please circle if proof of parental responsibility is provided via any of the following and has been viewed by the staff member. Give the name of the adult listed. | * Certificate of Marriage (only valid for PR if biological father) * Parental Responsibility Agreement * Parental Responsibility Court Order * Other – please state: | |

|  |  |
| --- | --- |
| **Type of ID (please circle)** | **Form of ID Seen by Staff Member** |
| First document for child:  Photo Address Date of Birth |  |
| Second document for child:  Photo Address Date of Birth |  |
| Does address and/or surname given for child match at least one person with parental responsibility? Please describe. |  |
| First document for Person 1 named above:  Photo Address Date of Birth |  |
| Second document Person 1 named above:  Photo Address Date of Birth |  |
| First document for Person 2 named above:  Photo Address Date of Birth |  |
| Second document Person 2 named above:  Photo Address Date of Birth |  |

***If proof of identity or parental responsibility was not submitted by a relevant party, was he/she reminded to bring these documents to their next appointment at The Walcote Practice? Y / N***

|  |  |  |
| --- | --- | --- |
| **Staff Name** | **Staff Signature** | **Date** |
|  |  |  |