

# (FORM FOR THE REGISTRATION OF NAME)

To

The Registrar, Birth & Death,  
Municipal Corporation  
The Mall Shimla.

**Subject:**

Request for Registration of the Name of child

(IN CAPITAL LETTERS ONLY)

Sir,

It is certified that male/female child was born to me/my wife/my Daughter-in-law

Mrs.  W/o

R/O  Place of

Birth  on dated

The said male/female child has finally been named as

and will not be changes in future. I am fully aware of the facts that the name of the child cannot be changed or altered in any way in future and no request in this regard will be entertained by the Registration Authority (B&D), MC Shimla as per the provisions under Registration of Births and Deaths Act, 1969.

You are requested to register the name of child in the record and then issue No.  Copies of Birth Certificate.

(Signature of Applicant)

Relation with the child.

Address.

PIN No.

Ph. No.

Dated