

(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)

Dated:

Relation with the child.....

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Address.....

.....

PIN No.

Ph. No.....