



FORM 5

Regulation 11(1)

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)
REGULATIONS, 2015.

NOTICE OF INTENTION OF CHANGE OF NAME OF ADULT

Notice is given that I,....., is intending to apply
to the Authority to change my name to

I intend to formally and absolutely renounce and abandon the use of the name
..... and assume and adopt in place of that/those name(s) the
name of

Signed/Thumb marked
at this day of....., 20.....

.....
Signature of Applicant