



FORM 7

Regulation 12(2)

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

APPLICATION TO CHANGE NAME OF A CHILD.

To: The National Identification and Registration Authority,

I/We, of (parish),

in the subcounty of county

..... in the district of being

the parent(s)/guardian(s) include national identification number)* of a

child named, aged, apply that the name

of..... be changed to that of

..... as from theday of, 20

Signed/Thumb marked at

..... this day of, 20

In the presence of

** delete whichever is not applicable.*