



Form 8

Regulation 13(2)

THE REGISTRATION OF PERSONS (BIRTHS AND DEATHS)

REGULATIONS, 2015.

**APPLICATION TO UPDATE REGISTER AFTER OPERATION OF
HERMAPHRODITE**

To: The National Identification and Registration Authority,

The Registration Officer

I.....(name) of.....(address), National Identification
Number/ Alien Identification Number.....being the parent or
guardian* of(name of child) aged.....years, National Identification
Number.....previously registered as a.....
(state sex), having undergone a successful operation, apply that the Register be updated with the
following details-

Name.....(state new name)

Sex..... (state sex after operation).

Dated at.....this.....day of.....20.....

Signed by Applicant

In the presence of..... Witness.