

To

The Registrar, Births & Deaths,
Municipal Corporation,
Chandigarh.

Subject: Request for Registration of the name of child _____
UID No (If any) _____

(Name to be filled in CAPITAL LETTERS only)

Sir,

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

Mrs. _____ UID No. (if any _____)

W/o _____ UID No. (if any _____)

R/o _____

Place of Birth _____

On dated _____ (Regd. No. _____ Regd. Date _____ (if Known)

The said male/female/transgender child has finally been named as _____
(Complete name of the child) and is not a nickname and will not be changed in the future. I am
fully aware of the fact 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),
Chandigarh as per the provisions under Registration of Births and Deaths Act, 1969.

You are requested to register the name of child in the record, please

Signature of Applicant)

Dated:

Relation with the child _____

Address _____

To be filled by the office)

✓ Regd. No. _____

As per rule,

1. The Father/Mother/Grandfather has deposited Rs. _____ (Receipt No.) _____
dt. _____

2. Addition of the Child's name as _____

The above addition of name may be approved and attest the same at Col. No. 5/online record.
and Regd. No. _____ in the birth register for the year _____

Dealing Official

A.D.R