

CIVIL STATUS DEPARTMENT AMENDMENT FORM

Birth Reference: _____



APPLICANT DETAILS

Name _____ Address _____ Phone _____ Email _____

Change of Family Name From: _____
To: _____

Change of First Name(s) From: _____
To: _____

Add Custom Name Add: _____

Change Custom Name From: _____ To: _____

Change of Date of Birth From: _____
To: _____

Modify Details of Mother From: _____ To: _____
Father From: _____ To: _____

Change of Residence From: _____
To: _____

Change Error Spelling Grand Parents Other
From: _____ From: _____ From: _____
To: _____ To: _____ To: _____

Change of Occupation From: _____
To: _____

Declared by _____ Date _____ Applicant Signature _____

DOCUMENTS NEEDED (Two relevant documents must be provided before approval of change)

Hospital Card, School Certificate, Electoral card, Driving License, Letter from Parents, Confirmation letter by Pastor or Chief

Checked by: _____ Comments _____

OFFICE USE ONLY

Received Date ____ / ____ / ____

Approved by _____ Date _____ Registrar General Signature _____

Actioning Officer _____ Date _____ Actioning Officer Signature _____