EMBASSY OF INDIA BAHRAIN

<u>AFFIDAVIT</u>

[TO BE SUBMITTED BY FATHER AND MOTHER WHEN APPLYING FOR NEW PASSPORT FOR MINOR CHILD/CHILDREN DUE TO CHANGE IN NAME]

We, Mr				S/O
	Da			holder
of Indian Passport No				
AND N				W/O
				f Indian Passport
No.				at
both res	sident of			
Post Box No.		ahrain, do l	hereby (solemnly declare
and affirm as follows:				jeren ny diesiane
1. That our child/children bo		date (s)	mention	ed below is/are
presently known by the following	name (s):			
S.N. FULL NAME OF THE CHILD		DATE OF B	<u>IRTH</u>	SEX (M/F)
1				
1 2				
3.				
4.			-	
2. We wish to change the name			n. Our ch	nild/children may
henceforth be known by the follow				
S.N. FULL NAME OF THE CHILD		DATE OF B	<u>IRTH</u>	SEX (M/F)
1				
1 2				
3				
4.			-	
Verified that the contents	of the abo	ve mentione	ed affida	avit are true and
correct and nothing material has b	peen conce	aled.		
D. D. L.				
Place: Bahrain				
Date: (Signature of F	 ather)	(Siar	nature o	f Mother)
(Signature of t		(Sigi		· ····················
SIGNED AND EXECUTED BEFORE ME. NO	RESPONSIE	BILITY FOR CO	ONTENTS	UNDERTAKEN

(CONSULAR OFFICER)