

Date: \_\_\_\_\_

## గ్రామ - వార్డు సచివాలయము అంధ్రప్రదేశ్ ప్రభుత్వం



(Declarants Name in Capital Letters)

Circle/Location:	
Declaration for corrections	of Birth and Death entries
IS/O	
Aged about	Years, working as
(Designation and complete address of the individual of t	he firm) residing at
(Complete Door No. street and station has to be stated v	with Telephone number)
Declared that	
I/My	_ Delivered Male child/ Female child
Born/Died in	(actual place of event) on
(Date of Event)	
The Birth /Death certificate Issued on	
The Name/s was wrongly informed by	(The person who informs the
event has to be stated) please do the following correction	ons
In correct Name	To be corrected as
STATION:	
Date:	SIGNATURE OF THE DECLARANT

I Know Sri/Smt		
S/O W/O		
as a resident of		
The signature of the Declarant is taken in my presence and contents mentioned by the Declarant are true and correct to the best of my knowledge and belief.		
1.	2.	
GAZETTED OFFICER	GAZETTED OFFICER	
Sign &Seal &	Sign &Seal &	
(Name of the officer)	(Name of the officer)	
CSC Transaction No.	CSC Transaction No.	

The following Documents should be produced by the Declarant for name corrections in Birth/Death registers.

- 1. Declaration by the nearest relative (parents/Childs/spouse) in case of death and either father or mother in case of live Birth.
- 2. The declaration stated should be true and correct by two Gazatted officers (names of Gazatted officers are to be written in Capitals)
- 3. Notary affidavit on (Rs. 10/. Non judicial Stamped paper).
- 4. The original Birth/ Death certificates already taken are to be returned.
- 5. Documentary evidences like educational certificates, election ID card, Ration card, passport, Driving Licenses, Marriage certificate, LIC policies, caste certificates, property papers, etc (evidence to be submitted before birth of the child or Death of Deceased)
- 6. Consent letter from concerned Hospital regarding the correction to the effect.
- 7. Other child certificates if any.
- 8. In case of Medico Legal death a) Post mortem report b) Form 2 by concerned police station
- 9. Any other support Documents if any please specify.