



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



APPLICATION FOR THE CHILD NAME INCLUSION IN BIRTH CERTIFICATE AFTER ONE YEAR

FROM

NAME:

ADDRESS:

PHONE NO:

TO

RIGISTER OF BIRTH AND DEATHS

CIRCLE NO: _____

COMMISSINER&DIRECTOR

OF MUNICIPAL ADMINISTRATION

AND E PANCHAYAT

OFFICE ADDRESS:

I, _____ S/o./W/o. _____

Aged about _____ years working as _____

(Designation & office Address) Residing at H.No _____

_____ (Complete Door no. & House Address).

I declare that _____ was Delivered Male/Female child

in _____ (Place of Birth)

on _____ (Date of Birth).

Requested for kindly go through the below details and include the child name in Birth Registrations accordingly and provide Birth Certificate.

1)	Name of the Registration unit	:	
2)	Registration year	:	
3)	Registration No.	:	
4)	Date of Registration	:	
5)	Date of Birth	:	
6)	Name of the Mother	:	
7)	Name of the Father	:	
8)	Name of the child to be included	:	
9)	Sex	:	
10)	Name and Address of the Applicant with Mobile No. and email ID	:	
11)	Relationship with Child	:	

- Encl:** 1) Earlier Birth Certificate (Original);
2) Applicants ID Proof, Aadhar Card / Ration Card if any.
3) School Certificates of child if any.
4) Notarized Affidavit

I hereby declare that the above-mentioned information is correct up to my knowledge and I bear the responsibility for the correctness of the above-mentioned.

Name & address,

Signature &

Signature &

Name of the father of child

Name of the mother of child