



# గ్రామ - వార్డు సచివాలయము

## ఆంధ్రప్రదేశ్ ప్రభుత్వం



### **APPLICATION FOR THE CHILD NAME INCLUSION IN BIRTH CERTIFICATE WITH IN ONE YEAR**

**FROM**

NAME:

ADDRESS:

PHONE NO:

**TO**

RIGISTER OF BIRTH AND DEATHS

CIRCLE NO: \_\_\_\_\_

COMMISSINER&DIRECTOR

OF MUNICIPAL ADMINISTRATIO

**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) Application Form \*

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**