



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



APPLICATION FOR BIRTH CERTIFICATE (Write in Capital Letters)

CIRCLE/LOCALITY:

1. Date of Birth :

2. Sex :

3. Child Name :

a) If Registered Mention the Child Name.

b) If Child Name not included a separate form to be filled by the Father and Mother of the child

4. Name of the Father :

5. Name of the Mother :

6. Place of Birth :

(Tick the appropriate entry **a, b, c** below and give the name of the Hospital/Institute or the Address of the House where the **Birth** took place. If other place gives location)

a) Hospital/Institution Name :

b) House Address :

c) Other place :

7. No. Of Copies Required :

8. a) Do you want the Birth Certificate by Courier- Yes / No

b) If Yes give Name and Address with Pin Code

Name & address,

(Signature of the Applicant)

Telephone No:

Note: - Birth certificate will be issued subject to entry found Registered in **BIRTH RECORDS-C&DMA/PANCHYATS.**