



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం

Family membership certificate -Application Form

Applicant Details

AADHAAR Card Number * : _____

Applicant Name * : _____ Relation Name* _____

Gender* : Male Female Date of Birth* (DD/MM/YYYY): _____

Permanent Address:

Door No : _____ Locality / Land Mark : _____

District* : _____ Mandal* : _____

Village / Ward * : _____ Pin Code : _____

Present Address:

Door No : _____ Locality / Land Mark : _____

State* : _____ District* : _____ Mandal* : _____

Village / Ward * : _____ Pin Code : _____

Mobile * : _____ Phone : _____

E-Mail: _____ Remarks : _____

Ration card NO : _____ Delivery Type* : Manual Local post Non Local post

Deceased Details:

Deceased Name * : _____ father/Husband Name * : _____

Date of Death (DD/MM/YYYY)* : _____

Reason for Death* : Accident Floods / Cyclones / Thunder Bolt Fire Accident Drowning

Collapse of buildings/Bridges Ill health General Death Suicide Missing Murder

Occupation* : State Government Services Central Government Services Public sector under takings
 Cooli Agriculture Labor Rickshaw Puller / Auto / Taxi / Lorry drivers/cleaners Building
construction workers Working in factories Fishing Other Occupations Handloom Worker
Retired Employee Farmer Business Man Pensioner

AADHAAR Card Number: _____ Death place * _____

Aadhaar Enrolment Number: Format (1234/12345/12345): _____

2.Name of the Family Member*	3.Age*	4.Gender	5.Relationship with Deceased*	Marital status	6.Aadhar Number(UID) *

Documents List:

(NOTE: 1.Total size of Upload Document should not exceed 3 MB.2. All Upload Documents should be in PDF Format Only)

1. Application Form*
2. A notarized affidavit containing Name, Age and Relationship with deceased.*
3. Document (Ration card/ Voter ID Card/ Passport/ Passbook, Aadhar cards, etc.) indicating the relationship of the applicant with the deceased*
4. Death Certificate/FIR*

Applicant's Signature