



# 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.**