



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

②

AADHAAR Card Number: _____

Death place * _____

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

Name of the Family Member*	Age*	Gender*	Relationship with Deceased*	Marital status	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