

గ్రామ - వార్డు సచివాలయము ఆంధ్రప్రదేశ్ ప్రభుత్వం



Late Registration of Birth Application Form

To		
The Revenue Divisional Officer,		
Division,		
District.		
Respected Sir,		
Sub: - Request for Issue of the	Birth Certificate of my son/daughter-rega	rding.
I,S/O	/ D/O / F/O / M/O / W/O	
Age years, occupation:	, R/o H.No, Near	
Mandal,	Dist. Andhra Pradesh submit the follo	owing few lines
for your kind perusal and sympathetic favor		C
That my wife's name is	Ageyears and m	y son/daughter
was born on	(dd/mm/yyyy) in	_ Delivery at
H.No, Near,	Mandal/Municipality,	Dist.
Andhra Pradesh. The information regard		
local Births and Deaths Registration Auth		
name of my son /daughter is not		Register of
Mandal/Muni	espality.	
That my son/daughter requires birt	h certificate for further education urgently	√.
I analoged here with Non ave	ilability certificate issued by the GP	or Municipal
	·	oi wumenpar
Commissioner, Ration card copy, SSC ma	rks memo and Self Affidavit.	
Therefore I request you kindly t	to issue necessary orders to Commissio	oner, Municipal
Council to record date of b	•	-
above at the earliest.	in or my community and man accuration	
above at the carnest.		
Contact Details:		
		6.11
Landline Number: Mobile No:	Yours faith	fully,
E-Mail ID:		
L-ivian iD.	Signature of th	e Applicant
Procedure: (following to be enclo	<u>sed)</u>	
1) Physical Document*	ad by the CD or Municipal Comp	ningian au#

- 2) Non availability certificate issued by the GP or Municipal Commissioner#
- 3) Ration card copy#
- 4) SSC marks memo#5) Self Affidavit#
- *-mandatory # -any one of them