TS-FKR036
SRR MEESEVA
Vill & Mdl. VEMULAWADA
Dist: Rajanna Sircilla (T S)

APPLICATION FOR BIRTH CERTIFICATE

(Write in Capital Letters)

District:_____ **Registration Unit Id:**_____ **Registration No:**_____

Registration year:_____ **Birth Year:**_____ **Gram Panchayat** ☐ **Municipality** ☐ **Ghmc** ☐

1. **Date of Birth** :
2. **Sex** :
3. **Child Name** (Full) :

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** (Full) :
5. **Name of the Mother**(Full) :
6. **Place of Birth** :

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

a) Hospital/Institution Name :

b) **House Address:**

H.No._____
Locality_____**Village**_____**Mandal**_____

District_____**State**_____**Pincode**_____

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:

Informant Name: **(Signature of Applicant)**

address:

Mobile No: