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*	Maritial 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