

గ్రామ - వార్డు సచివాలయము ఆంధ్రప్రదేశ్ ప్రభుత్వం



Family membership certificate -Application Form

<u>Applicant Details</u>	
AADHAAR Card Number *:	
Applicant Name * :	Relation Name*
Gender*: ☐ Male ☐ Female Date of B	irth* (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*:	Cyclones / Thunder Bolt ☐ Fire Accident ☐ Drowning
☐ Collapse of buildings/Bridges ☐ III health	☐ General Death ☐ Suicide ☐ Missing ☐ Murder
☐ Cooli ☐ Agriculture Labor ☐ Rickshaw I	es Central Government Services Public sector under takings Puller / Auto / Taxi / Lorry drivers/cleaners Building S Fishing Other Occupations Handloom Worker In Pensioner
AADHAAR Card Number:	Death place *
Aadhaar Enrolment Number: Format (1)	034/10345/10345)

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