



No.

Form-5



Government of Andhra Pradesh
Department of Health, Medical and Family Welfare
(Name of the local body issuing certificate)

**BIRTH CERTIFICATE**

(Issued under Section 12 / 17 of the Registration of Births and Deaths (Amendment) Act, 2023 and Rule 8 / 13 of the Andhra Pradesh Registration of Births and Deaths (Amendment) Rules.....(Year of notifying the revised rules).

This is to certify that the following information has been taken from the original record of birth which is the register for (local area/local body) of Sub-district of District of State/Union territory

Name:

Sex.....

Date of Birth.....

Place of birth.....

Name of Mother.....

Aadhaar No. of Mother

Name of Father

Aadhaar No. of Father

Address of parents at the time of birth of the child :

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Permanent address of parents:

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Registration No :.....

Date of Registration.....

Remarks (if any).....

Date of issue:.....

Signature of the issuing authority

Address of the issuing authority

Seal

Ensure registration of every birth and death