

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*: Mandal*: Village / Ward *: Pin Code : Mobile *: _____ Phone :____ _____ Remarks :____ E-Mail: 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 □ III 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