

CIRCLE / LOCATION: _____

DECLARATION FOR CORRECTIONS OF BIRTH AND DEATH ENTRIES

I, _____ S/o _____
_____ Aged about _____ years working as _____
_____ (Designation and complete address of the individual of the firm)

Residing at _____

_____ (Complete Door No. Street and Station has to be stated with Telephone No).

Declare that

I/My _____ Delievred Male child/Female child
Born/Died in _____
(Actual place of event) on _____ (date of event).

The Birth/Death Certificates issued on _____

The name/s was wrongly informed by _____ (the person who informs the event has to be stated) please do the following correction.

Incorrect Name	To be corrected as

HYDERABAD
Date:

SIGNATURE OF THE DECLARANT
(Declarant's name in capital)

I know Sri/Smt _____
S/o/W/o _____

_____ as a resident of _____

The signature of the declarant is taken in my presence and the contents mentioned by the Declarant are true and correct to the best of my knowledge and belief.

1.

2.

GAZETTED OFFICER

Sign & Seal &
(Name of the Officer)

GAZETTED OFFICER

Sign & Seal &
(Name of the Officer)

eSeva Transaction No.

eSeva Transaction Date:

The following documents should be produced by the declarant for name corrections in Birth/Death registers:

1. Declaration by the nearest relative (Parents/Childres`s/Spouse) in case of death and either father or mother in case of liver Birth
2. The declaration stated should be true and correct by **two Gazatted Officers** (Names of Gazetted Officers are to be written in **CAPITALS**).
3. Notary Affidavit on (Rs.10/- Non Judicial Stamped Paper).
4. The Original Birth / Death Certificates already taken are to be returned
5. Documentary Evidences like Educational Certificates, Election ID Card, Ration Card, Passport, Driving Licenses, Marriage Certificate, LIC Policies, Caste Certificates, Property Papers, etc., (Evidence to be submitted before Birth of the Child or Death of the Deceased)
6. Consent Letter from the concerned Hospital regarding the correction to the effect
7. Other Child Certificates if any
8. In case of Medico Legal Death a) FIR b) Post Mortem Report c)Form_2 by concerned Police Station
9. Any other support documents if any please specify.