

FORM NO.5

GOVERNMENT OF ANDHRA PRADESH

MEDICAL & HEALTH DEPARTMENT

BIRTH CERTIFICATE

(Issued under section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8/13 of the Andhra Pradesh Registration of Births and Deaths Rules, 1999)

This is to certify that the following information has been taken from the original record of birth, which is in the register for _____ (Local area / local body) of Mandal _____ of District _____ of State Andhra Pradesh State.

Name :

Sex :

Date of Birth :

Place of Birth :

Name of Mother :

Name of Father :

Address of the parents at the time of Birth of Child	Permanent Address of Parents
.....
.....
.....
.....

Registration No.

Date of Registration

Remarks

Signature of the Issuing Authority