FAMILY MEMBER / PROPER PERSON CERTIFICATE

DOCUMENT CHECKLIST & RECEIPT

S. N	o. Item	Yes	No
1	Application Form for Family Members Certificate		
2	Notarized Affidavit (Rs.10/-)		
3	Statement of Applicant with one Photograph (to be filled in by applicant)		
4	VRO Enquiry Report (to be filled in by the Office)		
5	RI Enquiry Report (to be filled in by the Office)		
6	Family Members Certificate (2 Copies) (to be generated by the Office)		
7	Documents Filed		
	a) Challan for Rs.50/-		
	b) Death Certificate		
	c) Ration Card (Not Mandatory)		
	Signature of Applicant Signature	of Rec	eiving Authority
	Date Date		

APPLICATION FOR FAMILY MEMBER / PROPER PERSON CERTIFICATE

To The Tal	hsildar,									
•••••	Mandal.									
Sir / Ma	dam,									
	It is to bring to your notice	that m	v fath	er / hi	ıshan	ıd /	son	/ da	110hte	r
	son/father/		-						_	
on	date due to									
	e received from the Government / Other									
	. /. Proper Person Certificate. Details of									
Sl. No.	Name of the Family Member	Age	Sex	Relat	ionsh	nip w	ith th	e De	cease	d
1.										
2.										
3.										
4.										
5.										
9	2. I am herewith enclosing the following	docume	ents in	support	of m	v anı	olicat	ion		
-	a)Death Certificate dated									
	b)Ration Card No.	1			1	1	1	1		
<u> </u>	3 I am also enclsing									
the follo	wing with the application form									
	a) Challan for Rs.50/- dt		.; Cha	llan No.						
	b) Notarized Affidavit of Family Mer	mbers (R	s.10/-)							
۷	4. Hence, it is requested that after due en	quiry the	Fami	ly Mem	bers (Certi	ficate	/ Pro	oper	
Person (Certificate my be issued.									
5	5. The Proper Person Certificate may ki	indly be	issued	in favo	ur of	· • • • •				••
	(Sl. No.	8	above)	to rece	eive t	the d	ues i	f any	fror	n
Govern	ment / any other Organisation / Compan	y etc., du	e to th	e death	of the	e dec	eased	l.		
(To be	filled in only if proper person certificate	is requir	ed)							
Date:	:									
Place:		S	Signatu	ire of th	e Apj	plica	nt			

AFFIDAVIT OF FAMILY MEMBERS

I,	S/o, D/o		, age
years,	residing	at	D.No.
			•••••
•••••	Nellore Mandal, Sr	i Potti Sriramı	ılu Nellore District, do
hereby s	olemnly affirm and state as follows:-		
1.	I do hereby declare that my Father/	Mother/Husban	d/Son/Daughter died on
	, at		due to
illness. F	He has left behind the following family	members.	
Sl.No.	Name of the family members	Age	Relationship with the deceased
	I am giving this affidavit on solemn	declaration co	nsciously believing it to
1.	he above stated facts are true and corre	ect.	
Date:	So	-	ponent. med and executed.

Before me.

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#≥LűpyLRV-s FyngsVF; LRV VgsÇÁÚ Fn, ÉÚ[úgSáns @LiÉÓLi¿ÁªsŰÁf&V

°61RVqs qstiåáù	NRVĚÁVLI‡Á NSËÄVÙ-s }mstRV	a@ _ RVNJSV=	‡ÁLIµRV»R2 ^{**} ª&W

BLÍJRV SLÍÈÁ F ÉÁLJÍÉÁÍ JRX, SIRLJÍLÍZÁÍÁZTFE FY "YGRWØÌÁ" W, "EVÉRBA JRX, SIRLRBÓ W "EVÍJ RVV JÁÍØFY LRW. 50/C ÇÁ» MYBELRZÁVZÁVFYŐFEV. IS "EGFE FYIRV IRVEÁVLÍTÁGSEÄVÜÌÁ JRX, SIRLRBÁ MSÚÞRFEW "EVÍJÁÚLRV ÉÁL RV" EÍÁJSFEJÍJGS N] LRVZÁVFYŐFEV. C }GSÉÞ SVLÍÉÞ Í ÜL 343ÁÖFE "STSQ RV" EVÍÁJÁ "YGSÖE" EVÍÁS KVÜÁFE "SV" EVÍÁJÁFEV FEJÉÁV" EVÍÁJÁFEV 343ÁÖFE "STSQ RV" EVÍÁJÁÖFE AS "SVÖLÍÁÁ C "STSQ RV" EVÍÁJÁFEV 343ÁÖFE AS "EVÍJÁJEV JAKOSVN] FEV ZÁLRÚÍÁNRV TÁJRVZRFEV/TÁJRVILSÍÁFEV. BJJ... PSFEV GRVILIÐIGJI Ú JLIVLÍÁÁLIWÁÁÐFE }GSÉÞSVLIÉÞ "EVÍJ RW BLRVGRVF~LRVGRV "YLJÍÐÁÐKE IRWZY }GSÉÞSVLIÉÁV "EVÍJR. ASLI» MAR® EWÍÁV ÉÁLIWLÍÁÁLIWÁÁÐFE ZÁJJJ... SFYFEV / ZÁJRV" EGR, SFYÖFEV ASLIJGS "EOFEÖJJ...

ry**OR**VÌÁM

(ngsli»MRa&W)

1.

2.

^a &LRVqs qstiÅÁù	NRVĚÁVLI‡Á NGSËÄVVÚ-s }msLRV	a@ k\\\	‡ÁLiµRV»R2 ^{≿a} 6VV

. AJSURLRV ^agvirbáliááfg ^agù**op**ð np lS^agíáasfg úmsënv»kz* mslrvsvfg tánsliWíáv F~Liµrvèánrv gSfgv Fyù"svöð ®svlitál`i= AJSLjimsappéav ^agvliçáúlrv Ájá[RVVèánrv aJsFnylragsv Ájá[RV²R?®svfgµj...

¾/4j.iM

úgS°&V Li"sf&Wù @µ}.NSLji npsLi»MP°&W

ngślÁa&W iM

úgS³&V Li"sf&Wù @µ³.NSLji }msLRV

ENQ	UIRY REPORT S	UBMITTED TO THE TA	AHSI	LDAR	•••••	•••••	
	(Proposals for	issuing Family Membe	rs Ce	rtificate / Prop	er Person C	Certificate)	
	Mandal /Revenue In ME OF THE R.I	nspector:					
1.	Name of the appli	cant	:				
2.	Address of applica	ant	:				
		Door No.	:				
		Building Name	:				
		Street Name	:				
		Village / Ward	:				
3.	Name of the decea	ased	:				
4.	Relationship of w	ith deceased	:				
5.	Date of death		:				
6.	Place of Birth		:				
7.	Details of family	members					
	Sl.No. Na	me of the Family Memb	er	Age	Sex	Relationship	
	1.						
	2.						
	3.						
	4.						
	5.						
8.	Purpose for wh	ich the certificate is	s :				
	needed						
9.	Whether Notary A	Affidavit is filed or not,	:				
10.	Details of evidence	•	:	 Death Cert Ration Car 		Yes/No Yes/No	
11	Challan particular Challan No	S Date	Amount		Place	Place of remittance	
	Charlett 140	Bute		Timount	Trace	or remittance	
10	D 1.4	C 41					
12.	Recommendation	of the enquiry officer		:			

Signature

Name of the Revenue Inspector

Date

Place:

Office of the Ta	ahsildar,
• • • • • • • • • • • • • • • • • • • •	Mandal
Dated	

FAMILY MEMBERS CERTIFICATE

T	his is to certify that late				
Son/W	rife/Husband of				_,
residen	nt of				
village	Ma	ındal,	Sri Po	otti Sriramulu Nello	æ
Distric	t, Andhra Pradesh State died	on		leavir	ıg
behind	the following family n	nember	cs as	reported by th	ıe
Manda	l/Additional Revenue Insp	pector,		date	d
	·				
Sl.No.	Name of the family members	Age	Sex	Relationship with the	
				deceased	
		-			
*	Out of the above family me	mbers,	• • • • • • • • • • • • • • • • • • • •	(as p	er
S1.No	above) is the proper pe	erson to	o receiv	ve the dues if any fro	m
Govern	ment / any other organization du	e to the	death	of	
who wa	as related to him / her as	• • • • • • • • • • • • • • • • • • • •	•••		
				Tahsildar	
				Mandal.	
(*To be	included only if Proper Person Ce	rtificate	e is to b	e given.)	