This part to be added to the Birth Register

BIRTH REPORT FOR ADOPTED CHILD

FORM NO. 1 - A

Statistical information

This part to be detached and sent for statistical processing

	To be filled by the informant		To be filled by the informant			
1*.	Date of Birth (If known, write exact	14.	Religion of the adoptive Father: (Tick the appre	opriate er	ntry	
	(Otherwise record the date of birth		below)			
	as ascertained by the Magistrate)		1.Hindu 2. Muslim 3.Christian			
2*.	Sex: (Enter "male or "female";	ਰੂ 15.	Adoptive father's level of education :			
	do not use abbreviation	9	(Enter the completed level of			
_		jist	education e.g. if studied upto			
3.	Name of the child :		class VII but passed only class			
	(If name is changed on adoption, write new name)	ģ	VI, write class VI			
		rea				
4*.	Name of the mother : (If Known)	to be filled for birth already registered.) 12.	Adoptive mother's level of education :			
	UID No of mother (if any)	oirt	(Enter the completed level of			
		- P	education e.g. if studied upto			
5*.	Name of the father : (If Known)	- □	class VII but passed only class			
	UID No of father (if any)	ě	VI, write class VI)			
 6.		9 17.	Adoptive father's occupation :			
0.	bate and number of adoption deed, order	\$ 17.	(If no occupation write 'Nil')			
7.	Name of the adoptive mother :	5	(II TIO Occupation write IVII)			
	UID No of adoptive mother (if any)	2				
		. ja 18.	Adoptive mother's occupation :			
8.	Name of the adoptive father:	detached and sent for statistical processing (Not	(If no occupation write 'Nil')			
	UID No of adoptive father (if any)	00				
9.	Address of adoptive parents as recorded in	<u>a</u>				
•	Adoption deed.	ţį				
		atis				
10.	Permanent address of adoptive parents:	St St				
11*.	Place of birth	for				
•••	race of birth	ent				
12	If adoption through agency write the place & address	S D				
	Of the Adoption agency.	<u>a</u>				
13.	Informant's name and address :	hed				
13.	(After completing all columns 1 to	tac				
	18 informant will put date and signature here :)	de				
	*As contained in the original birth certificate.	To be				
	Date: Signature or left thumb Mark of the informant.	Columns to be filled are over. Now put signature at left)				
To be filled by the Registrar To be filled by the Registrar						
	ration No.: Registration Date:		Name Co	ode No.	Registration No. :	Registration Date:
	ation Unit :	District :			Date of Birth :	
Town/Village : District :		Tahsil :			Sex: 1.Male 2.Female	
Remar	ks : (if any)	Town/Villag			Place of Birth :	
	Name and Signature of the Registrar	Registratio	n Unit :		Name and Signature of the R	egistrar