

**GOVERNMENT OF PUDUCHERRY  
KARAIKAL MUNICIPALITY**

**BIRTH REPORT FOR ADOPTED CHILD FORM NO.1- A**

**Legal information**

*This part to be added to the Birth Register*

*To be filled by the informant*

- 1\*. **Date of Birth** (If known, write exact date of birth).  
(Otherwise record the date of birth as ascertained by the Magistrate)
- 2\*. **Sex:** (Enter "male or "female";  
do not use abbreviation)
3. **Name of the child :**  
(If name is changed on adoption, write new name)
- 4\*. **Name of the mother :**  
( If Known)
- 5\*. **Name of the father :**  
(If Known)
6. **Date and number of adoption deed/ order**
7. **Name of the adoptive mother :**
8. **Name of the adoptive father:**
9. **Address of adoptive parents as recorded in Adoption deed.**
10. **Permanent address** of adoptive parents:
- 11\*. **Place of birth**
- 12 **If adoption through agency** write the place & address  
Of the Adoption agency.
13. **Informant's name and address :**  
(After completing all columns 1 to 18 informant will put date and signature here :)  
**\*As contained in the original birth certificate.**

Date:

Signature or left

**To be detached and sent for statistical processing (Not to be filled for birth already registered )**

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**Statistical information**

*This part to be detached and sent for statistical processing*

*To be filled by the informant*

14. **Religion of the adoptive Father :** (Tick the appropriate entry below)  
1.Hindu 2. Muslim 3.Christian  
  
4. Any other religion :(write name of the religion)
15. **Adoptive father's level of education :**  
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
16. **Adoptive mother's level of education :**  
(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)
17. **Adoptive father's occupation :**  
(If no occupation write 'Nil')
18. **Adoptive mother's occupation :**  
(If no occupation write 'Nil')

*Columns to be filled are over. Now put signature at left)*

*To be filled by the Registrar*

Registration No. :                      Registration Date :  
Registration Unit : Karaikal Municipality  
Town/Village : Karaikal              District : Karaikal  
**Remarks : (if any)**                      Name and Signature of the Registrar

*To be filled by the Registrar*

Name	Code No.	Registration No. :	Registration Date :
District: Karaikal		Date of Birth :	
Tahsil :		Sex : 1.Male 2.Female	
Town/Village : Karaikal		Place of Birth :	
Registration Unit : Karaikal Municipality			Name and Signature of the Registrar

**FORM No. 1-A  
(See rule 5)**