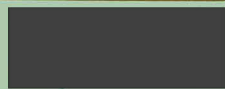




Commonwealth Department of Social Services
**ADVICE OF ADMISSION OF A CHILD
TO AN INSTITUTION
AND CLAIM FOR ADDITIONAL
CHILD ENDOWMENT**

Advice
Serial No.



Please type or print

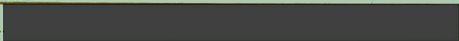
Note: When a child is admitted this form should be completed and copies 1 & 2 forwarded immediately to the Director of Social Services

NAME OF INSTITUTION



Name of Child
from whom Child Endowment is hereby claimed

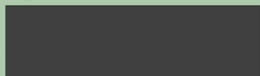
Date of Birth



Date of Admission
to Institution

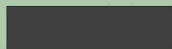
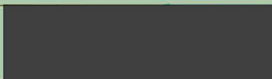
Probable Length of Stay

Full Name and Address of
Person or Authority last
receiving Endowment for
the above child (i.e.
Parent, Guardian or
Institution)



Signature of
Authorised Officer

Date



FOR USE BY DEPARTMENT OF SOCIAL SERVICES

Index Searched by

Checked

Endowment Number



Index Card Prepared by

Checked

SC 52. Prepared. Institution to be paid from

Inst. Cl.

/ /

Endowment Adjusted from

Examiner

/ /

Remarks