

# Birth Announcement

**PLEASE PRINT CLEARLY • We reserve the right to withhold illegible announcements. Attach photo to this form.**

## Baby Information

Baby's First Name: \_\_\_\_\_  BOY  GIRL

Baby's Middle Name(s): \_\_\_\_\_

Baby's Last Name(s): \_\_\_\_\_

Date of Birth \_\_\_\_\_ Time of Birth: \_\_\_\_\_  AM  PM

Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces Height: \_\_\_\_\_ inches

Name of Hospital (include city/state) \_\_\_\_\_

## Parent Information (Signatures Required for parents' names to be published.)

Father's Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ **Father's Signature:** \_\_\_\_\_  
(required)

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ **Mother's Signature:** \_\_\_\_\_  
(required)

## Grandparent Information

Paternal Grand Father's Name: \_\_\_\_\_

City/State: \_\_\_\_\_  Divorced  Re-Married  Deceased

Paternal Grand Mother's Name: \_\_\_\_\_

City/State: \_\_\_\_\_  Divorced  Re-Married  Deceased

Maternal Grand Father's Name: \_\_\_\_\_

City/State: \_\_\_\_\_  Divorced  Re-Married  Deceased

Maternal Grand Mother's Name: \_\_\_\_\_

City/State: \_\_\_\_\_  Divorced  Re-Married  Deceased

## Sibling Information

Sibling's First Name \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister

Sibling's First Name \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister

Sibling's First Name \_\_\_\_\_ Age: \_\_\_\_\_  Brother  Sister

## Additional info

more info on other side