BIRTH ANNOUNCEMENT

BABY'S INFORMATION

Name:_____**Date of birth**_____
First Middle Last

Hospital born:_____
City, State

Weight at birth:_____**pounds,** _____**ounces; Length at birth:**_____**inches Sex: M F**

MOTHER'S INFORMATION

Name:_____**Maiden Name**_____
First Last

Married: ____yes ____no Resides in: _____ **Phone No.:**_____
City, State

FATHER'S INFORMATION

Name:_____
First Last

Married: ____yes ____no Resides in: _____ **Phone No.:**_____
City, State

I certify that the above information is true to the best of my knowledge and do hereby give my consent to use all or part of the information as an announcement of said child's birth in the newspapers.
I hereby release the newspapers from any liability for use of said information.

_____
Mother's signature Date

_____
Father's signature Date

_____
Or guardian's signature Date

No information will be released about the mother or father without that person's written consent, unless signed by guardian.