

Birth Announcement

Verify spelling of all names

Baby's full name: (1) _____ Sex: _____

Baby's full name: (2) _____ Sex: _____

Birthdate: (1) _____ Time: (1) _____ a.m./p.m. ____ lbs. ____ ozs. length ____"

Birthdate: (2) _____ Time: (2) _____ a.m./p.m. ____ lbs. ____ ozs. length ____"

Hospital: _____ City and state: _____

Mother's name: _____

City and state of residence: _____

Father's name: _____

City and state of residence: _____

Maternal grandparents: (1) _____

City and state of residence: (1) _____

Maternal grandparents: (2) _____

City and state of residence: (2) _____

Paternal grandparents: (1) _____

City and state of residence: (1) _____

Paternal grandparents: (2) _____

City and state of residence: (2) _____

Great-grandparents with city and state of residence: _____

Siblings(names only, no ages): _____

Name & daytime phone # of person submitting information: _____

Please return to: Galion Inquirer, 366 Portland Way North, PO Box 648, Galion, Ohio 44833; Fax to: 419.468.7255; or E-mail requested information on the form to: wyoung@galioninquirer.com