

Birth Announcement
Verify spelling of all names

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

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

Birthdate: (1) _____ **Time of birth:(1)** _____ a.m./p.m.

Birthdate: (2) _____ **Time of birth: (2)** _____ a.m./p.m.

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, 129 H.W.E., P. O. Box 648, Galion, OH 44833 or e-mail requested information on the form to: obits@galioninquirer.com