



StepSaver

THE OBSERVER

Birth announcements

OFFICE USE ONLY	
Pub Date:	_____
Photo:	<input type="checkbox"/> _____
Received:	_____

Please use this form to place your birth announcement.
The spelling of names and places and the legibility of handwriting are the responsibility of the person submitting the information. Please write carefully.

— Authorization —

BABY'S FULL NAME _____

Date Born _____ Sex: Male ___ Female ___

Hospital Where Born and Location of Hospital _____

Parent's Names and Addresses (City and State Only) _____

Maternal Grandparent's Names and Addresses (City and State Only) _____

Paternal Grandparent's Names and Addresses (City and State Only) _____

Maternal Great-Grandparent's Names and Addresses (City and State Only) _____

Paternal Great-Grandparent's Names and Addresses (City and State Only) _____

Baby's Brothers and Sisters and Their Ages _____

Submitted By: _____ Phone: _____

Relationship to Baby: _____