



Birth Announcement

Please Print or Type

of child (1st, 2nd, 3rd, etc.): _____ Circle One: SON DAUGHTER

Child's Name: _____

Parents' Names: _____

Family's Town: _____

Date of Birth: _____ Weight: _____ pounds _____ ounces

Name of Hospital: _____

Siblings' Names & Ages: _____

Maternal Grandparents' Names & Towns: _____

Paternal Grandparents' Names & Towns: _____

Other Relatives' Names & Towns (include relation to child): _____

Submitted by: _____ Phone & E-mail: _____

Mail this filled out form to:

PO Box 946, Maywood, NJ 07607

or

E-mail this filled out form and any photos you wish to be included to

ourtownnewspaper@gmail.com