

The Crittenden Press

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BIRTH ANNOUNCEMENT FORM

Child's Full Name _____

Parents _____

City of Residence _____ Child's Date of Birth _____

Hospital and city of birth _____

Baby weight/length _____

Maternal grandparents and city of residency _____

Maternal great-grandparents and city of residency _____

Paternal grandparents and city of residency _____

Paternal great-grandparents and city of residency _____

