

THE SARATOGIAN
BIRTH ANNOUNCEMENT
PLEASE PRINT



PLEASE USE FIRST AND LAST NAMES (NOT MR./MRS.)

Parents' Names _____

Parents' Address _____

Announce the birth of a Son Daughter

Baby's Name _____

Birth Date _____

Name and location of hospital _____

Birth Weight _____ lbs. _____ oz.

He/she joins brothers and sisters named: _____

Grandparents _____

Grandparents' city and state _____

Grandparents _____

Grandparents' city and state _____

Great-grandparents _____

Great-grandparents' city and state _____

Great-grandparents _____

Great-grandparents' city and state _____

Local daytime phone number (required) _____

All birth announcements must be received no later than eight weeks after the birth.

Please deliver this form to:

The Saratogian/Birth Announcements
20 Lake Avenue
Saratoga Springs, NY 12866
Or fax to 518-587-7750