

# Birth Announcement

This form, which MUST BE TYPED OR GENERATED BY COMPUTER following the format of The Times and Democrat's form, must be completed and returned to the advertising department by NOON WEDNESDAY for publication on Sunday. First and last names MUST BE INCLUDED with all persons listed, and only full names will be used. Only information listed on the form will be used and a working phone number IS REQUIRED for verification. If you have questions, call The Times and Democrat at 534-3352.

Parents' names, address & city of residence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of newborn \_\_\_\_\_

\_\_\_\_\_

Male or female \_\_\_\_\_ Date of birth \_\_\_\_\_

Hospital & city of birth \_\_\_\_\_

Weight of newborn \_\_\_\_\_ Length of newborn \_\_\_\_\_

Full name, age, city of residence of brothers \_\_\_\_\_

\_\_\_\_\_

Full name, age, city of residence of sisters \_\_\_\_\_

\_\_\_\_\_

Name, city of residence of maternal grandparents \_\_\_\_\_

\_\_\_\_\_

Name, city of residence of maternal great-grandparents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, city of residence of paternal grandparents \_\_\_\_\_

\_\_\_\_\_

Name, city of residence of paternal great-grandparents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maiden name of mother \_\_\_\_\_

Telephone number \_\_\_\_\_

The Times and Democrat

# Indemnification Form

I hereby indemnify The Times and Democrat of any liability resulting from the use of information regarding:

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to appear in  
The Times and Democrat newspaper or the T&D Shoppers Extra newspaper  
or the newspaper's web site, TheTandD.com.

Date Ad To Appear

Signed

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## Contact Person Form

Contact Person: \_\_\_\_\_

Daytime Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Home Address: (Not for publication)

\_\_\_\_\_

\_\_\_\_\_

Signature of wife/husband or family member

\_\_\_\_\_

\_\_\_\_\_

The Times and Democrat