**THE SARATOGIAN**

**BIRTH ANNOUNCEMENT**

# PLEASE PRINT

***PLEASE USE FIRST AND LAST NAMES (NOT MR.lMRS..)***

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 andstate---------------------·+----

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**