

The Derby Weekly Informer Birth Announcement Form

Baby's name: _____

Date of birth: _____ Time of birth: _____

Place of birth: _____

Weight: _____ Length: _____

Parent's Names: _____

City/State: _____

Siblings at home: _____

Grandparents' names: _____

Grandparents' names: _____

Great-grandparents' names: _____

Great-grandparents' names: _____

ADDITIONAL INFORMATION

Contact person's name: _____ and telephone number: _____

Photo Enclosed: _____

Please return photo to:

Name: _____

Address: _____

Print out this form and mail to:

The Derby Weekly Informer, PO Box 842, Derby, KS 67037