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BABY ANNOUNCEMENT

Authorization for news release

I hereby authorize The Richmond Daily News in Ray County to publish the following information:

(Please Print)

Parents' Names: _____

Parents' Address: _____

Baby's Name: _____

Baby's Sex: _____ Name of Hospital: _____

Birth Date: _____ Time (a.m. or p.m.): _____

Weight: _____ Length: _____

Names of baby's brothers and sister and their ages:

Names and addresses of baby's grandparents:

Maternal: _____

Paternal: _____

Great-Maternal: _____

Great-Paternal: _____

Signature of Parents (Both Parents Must Sign): _____

_____ Date: _____

