

Please type or print all information. The spelling of names and places and the legibility of handwriting are the responsibility of the person submitting the information. Supply only the information you wish published in the paper.

BIRTH ANNOUNCEMENT FORM

Name of infant _____

Mother's name and address _____

Father's name and address _____

Gender of infant _____ Date of birth _____

Weight _____ No. of sisters _____ No. of brothers _____

Hospital's name and town _____

Mother's maiden name _____

CHARGES FOR PAID ANNOUNCEMENT (BASED UPON LENGTH OF WRITE-UP):

Rose
\$60
4" Max

Lace
\$85
6" Max

Package prices include 10 papers at a 25% discount to be picked up at the CDT office on day of publication and online listing.

About The Mother's Parents

Father's name _____

Father's address _____

Mother's name _____

Mother's address _____

About The Father's Parents

Father's name _____

Father's address _____

Mother's name _____

Mother's address _____

The information on this form is true and may be confirmed by calling:

Mother's signature _____ Telephone _____

Father's signature _____ Telephone _____

Please send completed form to: Centre Daily Times, PO Box 89, State College, PA 16804

Or FAX to: (814) 238-1811

Questions? Call (814) 238-7355