

BIRTH ANNOUNCEMENT RELEASE

We hereby grant permission and authority to The Recorder to release the name (s) of my (our) child (ren) in The Recorder as a birth announcement as follows:

Name of baby:(first)_____ (middle)_____ (last)_____

Born where:(hospital)_____ (city)_____ (state)_____

Date of birth:___/___/___ Weight:_____ Boy_____ Girl_____

Mother's Name: (first)_____ (maiden)_____ (last)_____

Father's Name: (first)_____ (last)_____

Address of parents: (street)_____ (city)_____ (state)_____

Telephone Number:_____

Living Grandparents Names

Residence (city,state)

Living Great-Grandparents

Residence (city,state)

Living Great-Great-Grandparents

Residence (city,state)

NOTE: If parents are not married, both must sign for release of this announcement.

Birth forms received more than a month after baby is born will not be published.

Return form to: mother's signature_____

The Recorder

14 Hope Street, P.O. Box 1367

Greenfield, MA. 01302

Attn: Dolly Gagnon father's signature_____