

# Berne Witness Birth Announcement

Fax (260) 589-8614; Email – news@bernewitness.com

Infant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Time of Birth \_\_\_\_\_ a.m. or p.m. (Circle one)

Male or Female (Circle one)

Birth Weight \_\_\_\_\_ Birth Length \_\_\_\_\_

Hospital Born (Include town and state if out of Indiana) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Father's Name \_\_\_\_\_

City/State \_\_\_\_\_ Phone # \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

(Include town/state)

\_\_\_\_\_

(Include town/state)

Paternal Grandparents \_\_\_\_\_

(Include town/state)

\_\_\_\_\_

(Include town/state)

Great-Grandparents \_\_\_\_\_

(Include town/state)

\_\_\_\_\_

(Include town/state)

\_\_\_\_\_

(Include town/state)

\_\_\_\_\_

(Include town/state)

\_\_\_\_\_

(Include town/state)

Siblings:

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_