



33 Lee St.
P.O. Box 908
Jefferson, GA 30549
PH 706/367-5233
FX 706/367-8056

BIRTH ANNOUNCEMENT FORM

Please note that birth announcements will be published as space permits, but should continue to be turned in by noon Monday deadline. Pictures of only the baby, excluding Polaroid shots, may also be used with the birth announcement. If a picture is used, we ask that a self-addressed stamped envelope be provided for the return of the picture.

Full Name of Baby: _____

Father's Name: _____

City of Residence: _____

Mother's Name: _____

City of Residence: _____

Birth Date: _____

Place of Birth: _____

Address: _____

Brother's or Sister's Names with age:

Grandparents: (Please note if living or deceased)

Maternal: _____

City of Residence: _____

Paternal: _____

City of Residence: _____

Great-grandparents (optional): (Please note if living or deceased)

Maternal: _____ **City of Residence:** _____

Maternal: _____ **City of Residence:** _____

Paternal: _____ **City of Residence:** _____

Paternal: _____ **City of Residence:** _____

Great-great-grandparents (if living) with city of residence:

Information submitted by: _____

Work Phone: _____ **Home Phone:** _____