

# **Birth Announcement**

RETURN FORM TO:

The Clearwater Progress  
PO Box 428/417 Main Street  
Kamiah, ID 83536  
(208) 935-0838  
Fax: (208) 935-0973  
(Please type or print clearly)

Full name of baby \_\_\_\_\_

Date of birth \_\_\_\_\_ Time of birth \_\_\_\_\_

Hospital \_\_\_\_\_ City \_\_\_\_\_

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

Name and residence of parents \_\_\_\_\_

Baby's siblings, age \_\_\_\_\_

Name and residence of maternal grandparents \_\_\_\_\_

\_\_\_\_\_  
Name and residence of paternal grandparents \_\_\_\_\_

\_\_\_\_\_  
Name and residence of maternal great-grandparents \_\_\_\_\_

\_\_\_\_\_  
Name and residence of paternal great-grandparents \_\_\_\_\_

Is photo included? Yes \_\_\_\_\_ No \_\_\_\_\_

(Include self-addressed stamped envelope if you want photo returned.)

Name of person submitting information \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Deadline for submitting information/photo is noon on Monday prior to publication.

Information is subject to editing. To ensure publication in its entirety,  
please contact our office for rate information.