Birth Announcement

Please print your birth announcement on the form below and return it to the Republican Herald.

*All Information must be legible

Phone #: __________________________

Name of Parents: ____________________________________________________________

Mother’s Maiden Name: _____________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Hospital: __________________________

Date of Baby’s Birth: ________________________________

Sex of Child: __________________________

Signature of Mother: __________________________ Date: ______________________

If parents are unmarried and the father’s name is to be announced, he must sign below to acknowledge paternity and to authorize release of information.

Signature of Father: __________________________ Date: ______________________

Please return form to:
Republican-Herald
PO Box 209
111 Mahantongo Street
Pottsville PA 17901-3008