

BIRTH ANNOUNCEMENT FORM

To announce the birth of your baby, complete and sign this form.
Mail it to The Columbian, P.O. Box 180, Vancouver, WA 98666,
or fax to 360-735-4598.

**Name of
hospital**

**Parents'
names**

Mother: Last First M.I.

Father: Last First M.I.

**Parents'
city of
residence**

City State

**Baby's
information**

Name: Last First Middle

Sex: M _____ F _____

Date of birth: _____

Birth weight: _____ pounds, _____ ounces

**Parents'
signatures
(required)**

Mother's signature

Father's signature

**Daytime
phone**

(The telephone number will not be published.)