

# *527 Market St. • Osage City, Kansas 66523* 785-528-3511 • Fax 785-528-4811

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Birth Announcement

Baby’s name: Gender:

Mother’s name and address:

Father’s name and address:

Time and date of birth:

Weight: Length:

Place of birth, city, state:

Name of hospital:

Names, ages and gender of siblings:

Maternal grandparents’ and great-grandparents’ names and hometown. Please note if they are deceased.

Paternal grandparents’ and great-grandparents’ names and hometown. Please note if they are deceased.

Name of person submitting form:

Signature:

Weekday daytime telephone number:

To submit a photo of the baby, mail to the above address and include a self-addressed stamped envelope for return, or e-mail to news@ocherald-chronicle.com. There is no charge for publishing the announcement and photo.