

# ARCHBOLD BUCKEYE

207 N. Defiance St., Archbold • 419-445-4466

Fax: 419-445-4177 Email: buckeye@archboldbuckeye.com

Signature and phone number of person submitting information \_\_\_\_\_

\_\_\_\_\_

Date received at the Archbold Buckeye and initials of person accepting information \_\_\_\_\_

## *Birth Announcement*

Please type or print

Circle One: Daughter Son

Baby's complete name \_\_\_\_\_

Parent's names (such as Bob and Sue Jones or Mr. and Mrs. Robert Jones) and place of residence:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

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

Names and ages of siblings \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Grandparents and place of residence (use same style as parents) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Great-grandparents and place of residence (use same style as above) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_