

To have customer-provided photos returned, please provide a self-addressed, stamped envelope – sized to fit the photo.

\_\_\_\_\_ Today's Date  
UPPER DAUPHIN SENTINEL

## BIRTH ANNOUNCEMENT

Submitted by: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name of Baby: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

Hometown or Residence (*circle one*): \_\_\_\_\_

\_\_\_\_\_

Baby's Weight: \_\_\_\_\_ Length: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

\_\_\_\_\_

Baby's Brothers (*plus ages*): \_\_\_\_\_

\_\_\_\_\_

Baby's Sisters (*plus ages*): \_\_\_\_\_

\_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Hometown: \_\_\_\_\_

Grandparents (*please note any that are deceased*):

• Maternal: \_\_\_\_\_

Hometown: \_\_\_\_\_

• Paternal: \_\_\_\_\_

Hometown: \_\_\_\_\_

Great-Grandparents (*please note any that are deceased*):

• Maternal: \_\_\_\_\_

Hometown: \_\_\_\_\_

• Paternal: \_\_\_\_\_

Hometown: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Lifestyle Guidelines: The time limit for submitting a birth announcement is three months after the fact. After three months, there is a fee of \$10.00 to have the announcement printed.

Please return this form to: UPPER DAUPHIN SENTINEL, P.O. Box 250, 510 Union Street, Millersburg, PA 17061  
or Fax to 717-692-2420 or Email to: news@sentinelnw.com