

Birth Announcement

Contact Information of person submitting form:

Name: _____ Phone: _____

Relationship to parents: _____ Email: _____

Publication: _____ Marshall Advocate _____ Casey Westfield Reporter _____ West Vigo Times

NAME OF BABY: _____

NAME OF FATHER: _____ OF (CITY, ST) _____

MOTHER'S NAME: _____ OF (CITY, ST) _____

MOTHER'S MAIDEN NAME (optional) _____

BORN ON: (MONTH) _____ (DAY) _____ (YEAR) _____

at (NAME OF LOCATION): _____, (CITY, ST) _____

WEIGHT: _____ LENGTH: _____

SIBLINGS: _____

MATERNAL GRANDPARENTS: _____ OF (CITY, ST) _____

MATERNAL GREAT GRANDPARENTS: _____

PATERNAL GRANDPARENTS: _____ OF (CITY, ST) _____

PATERNAL GREAT GRANDPARENTS: _____

Additional comments: _____

Bring this completed form and a photo to our office located at: **610 Archer Avenue, in Marshall, IL -- OR --**

Send this completed form and photo (optional) to: **strohmnewspapers@gmail.com**

OR mail to:

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P.O. Box 433
Marshall, IL 62441**

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: **you _____ will pick up your photo at our office at 610 Archer Ave., Marshall, IL 62441** :
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