

NEW NAMES IN THE NEWS FORM

The News-Gazette ■ Features Department ■ 15 Main Street ■ P.O. Box 677 ■ Champaign, IL 61824-0677

PLEASE PRINT OR TYPE ALL INFORMATION. Fill out this form COMPLETELY and return it by mail or in person to the address above.

Parents' names: _____

Parents' full address and phone number: _____

Baby's name and sex: _____

Baby's weight: _____

Time, day and date of birth: _____

Hospital and location: _____

Is this the couple's first child? _____

List other children's complete names and ages. Specify each child's sex. If a child is a half or stepbrother or sister, please so indicate.

Father's occupation and place of employment (please indicate the town): _____

Mother's occupation and place of employment (please indicate the town): _____

Baby's grandparents' names and addresses: _____

Baby's great-grandparents' names and addresses: _____
