



NOTE: Please provide FULL first names, or two initials. One initial is not acceptable. Please print clearly or type.

Parents' names _____ Day phone # _____

Address: _____

Baby's name _____ Sex of baby _____

Date of birth _____

Place of birth (name of facility) _____ Town _____

Birth Weight _____

Other Children:

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Name _____ Sex _____ Age _____

Grandparents:

Name _____ Town _____

Name _____ Town _____

Great-grandparents:

Name _____ Town _____

Name _____ Town _____

Optional:

Godparents:

Name _____ Town _____

Name _____ Town _____

Mail this completed form to:

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