

# Alcona County Register's Birth Announcement Form

**Please print**

Baby's Name: \_\_\_\_\_ is the new son/daughter of (parents) \_\_\_\_\_  
*First, Middle/Last* *Mother - First*

\_\_\_\_\_ of \_\_\_\_\_  
*Father - First* *Last Name* *City/State*

The baby was born on: \_\_\_\_\_ and weighed \_\_\_\_\_  
*Day, Date & Year* *Pounds & Ounces*

and was \_\_\_\_\_ inches long. Hospital: \_\_\_\_\_  
*Name/City/Location*

Siblings: \_\_\_\_\_, age \_\_\_\_\_  
*First/Last*

\_\_\_\_\_, age \_\_\_\_\_  
*First/Last*

\_\_\_\_\_, age \_\_\_\_\_  
*First/Last*

Grandparents: \_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

Great-grandparents: \_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

\_\_\_\_\_ of \_\_\_\_\_  
*First/Last* *City/State*

Not for Publication:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_