BIRTH ANNOUNCEMENT

Full Name of Child: ________________________________________________________________

Name of Parents: ____________________________________________________________________

Address (street & city/town): ___________________________________________________________
_________________________________________________________________________________

Date, Time and Location of Birth: ________________________________
_________________________________________________________________________________

Birth Weight and Length: ___________________________________________________________

Maternal Grandparents (include city/town): _____________________________________________

Paternal Grandparents (include city/town): _____________________________________________

Brothers and Sisters: __________________________________________________________________
_________________________________________________________________________________

Additional Information: ______________________________________________________________
_________________________________________________________________________________

Submitted by (name, telephone number): ______________________________________________
_________________________________________________________________________________

This completed form and photographs can be mailed or brought in person to: Beacon Communications, 1944 Warwick Ave., Warwick, RI 02889 or emailed to AmandaN@RhodyBeat.com. Photographs can be color or black and white, emailed photographs should be at least 6 inches wide, 200 dpi and in .jpg format.

Publish in: _____ Cranston Herald _____ Johnston Sun Rise _____ Warwick Beacon

1944 Warwick Avenue, Warwick, RI 02889  Phone 401-732-3100  Fax 401-732-3110