

# Altoona Mirror

## Birth announcement

Date of birth: \_\_\_\_\_

Baby's full name: \_\_\_\_\_

Male or female: \_\_\_\_\_

Father's first and last name: \_\_\_\_\_

Mother's first and last name: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Town (required for publication): \_\_\_\_\_

Hospital/town: \_\_\_\_\_

Time: \_\_\_\_\_ **AM or PM**

Daytime contact number: \_\_\_\_\_

Father's signature: \_\_\_\_\_

Mother's signature: \_\_\_\_\_

**Incomplete forms will not be considered for publication.**

**Submit within 30 days to:**

Altoona Mirror

P.O. Box 2008

Altoona, PA 16603

e-mail: [community@altoonamirror.com](mailto:community@altoonamirror.com)

fax: (814) 946-7540



