

573-682-2133  
(PHONE)  
573-682-3361  
(FAX)

# Centralia FIRESIDE GUARD Birth Announcement Form

PLEASE TYPE  
OR PRINT  
LEGIBLY

By submitting this form you are authorizing the *Centralia Fireside Guard* to print this information in our style. Please write only in the space provided.

\_\_\_\_\_ and \_\_\_\_\_  
(Father's name) (Mother's name)

of \_\_\_\_\_ are the parents of a son / daughter,  
(City, State) (Circle one)

born at \_\_\_\_\_ a.m. / p.m., \_\_\_\_\_  
(Time) (Circle one) (Day of week, Month, Date)

at \_\_\_\_\_ in \_\_\_\_\_  
(Name of hospital) (City, State)

He / She weighed \_\_\_\_\_ pounds, \_\_\_\_\_ ounces, and has been  
(Circle one)

named \_\_\_\_\_  
(Full name of newborn)

He / She joins a brother / a sister / siblings, \_\_\_\_\_  
(Circle one) (Circle one) (List)

Grandparents are:

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

and Great-grandparents are:

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

and Great-great-grandparents are:

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

\_\_\_\_\_ of \_\_\_\_\_  
(Names) (City, State)

Information below will not be published.

Fax 573-682-3361 or

Mail or return to:

*Centralia Fireside Guard*  
123 N. Allen St., P.O. Box 7  
Centralia, MO 65240

Date \_\_\_\_\_ Submitted by: \_\_\_\_\_  
(Will not be published)

Telephone # \_\_\_\_\_

Father's phone # \_\_\_\_\_ H \_\_\_\_\_ C

Mother's phone # \_\_\_\_\_ H \_\_\_\_\_ C