



Our baby boy baby girl

is named _____

Date Born: _____ Time: _____

Born at: _____ (Name of Hospital)

Weight: _____ Length: _____

Father's name: _____

Mother's first name and maiden names: _____

Brother(s) name: _____

Sisters(s) name: _____

Grandparents' names and addresses: _____

Parents' signature: _____

Phone number: _____

E-mail address: _____

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