

# Birth

If additional space is needed, please attach typed or neatly printed copy to this form.

**Please select your format:**

**Basic**    **Full**    **Personalized** (attach additional copy)

**Publication Date: Sunday,** \_\_\_\_\_

**Style # (check one)**    **1**    **2**    **3**

**Photo Choice (check one):**    **A**    **B**

**Method of Payment:**

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Please call me at (         ) \_\_\_\_\_

to schedule a time for me to pick up my proofs at The Buffalo News Customer Service Desk (corner of Washington & Scotts Streets, downtown Buffalo) during regular business hours.



Baby's Full Name (First, Middle, Last) \_\_\_\_\_

Siblings Full Names (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Birth Date \_\_\_\_\_

\_\_\_\_\_

Birth Time \_\_\_\_\_

\_\_\_\_\_

Born where? (Hospital, City, State) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maternal Grandparents Full Names

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight \_\_\_\_\_

Paternal Grandparents Full Names

Length \_\_\_\_\_

\_\_\_\_\_

Mother's Full Name

\_\_\_\_\_

\_\_\_\_\_

Additional information if selecting the personal option, please attach a typed or neatly printed copy of your announcement.

\_\_\_\_\_

\_\_\_\_\_

Father's Full Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL INSTRUCTIONS**

Please mail form to: The Buffalo News/Celebrations, PO Box 100, Buffalo, NY 14240 or you can deliver it to Customer Service in The Buffalo News lobby during normal business hours, Mon.-Fri. from 8 a.m. to 4 p.m. Form must be received 2 weeks prior to publication date.