PLEASE PRINT OR TYPE		
Baby's name:		
First	Middle	Last
Birthdate:	Name of hos	spital:
Parents:		
[mother's first and last name; father'	s first and last name]	
Daytime phone:		
Residence:		
[City/town and state]		
Maternal grandparents (li Names:	iving only):	
Town(s):		State(s):
Maternal great-grandpare Names:	ents (living only):	
Town(s):		State(s):
Paternal grandparents (liv Names:	ving only):	
Town(s):		State(s):
Paternal great-grandparer Names:	nts (living only):	
Town(s):		State(s):
If parents have different l	last names or are	not married, both must sign this form.
I/We release this birth an Telegram for publication		ne Portland Press Herald/Maine Sunday
Printed name of mother		Signature

Date

Printed name of father/domestic partner

Mail this completed form to Portland Press Herald; Attn: Birth Announcements, 1 City Center, Portland, ME 04101, or email a scanned copy to news@pressherald.com.

Signature