

# BIRTH ANNOUNCEMENT

## The Woodford Sun

184 S. Main Street, P.O. Box 29, Versailles, KY 40383-0029

Phone 859-873-4131, ext. 10; fax 859-873-0300

**DEADLINE FOR SUBMISSION: NOON, MONDAY**

\_\_\_\_\_ of \_\_\_\_\_ and  
(Father's Full Name) (City, State)  
\_\_\_\_\_ of \_\_\_\_\_  
(Mother's Full Name) (City, State)  
announce(s) the birth of a \_\_\_\_\_ on  
(Daughter/Son) (Date of Birth)  
at the \_\_\_\_\_ Hospital.

He/She weighed \_\_\_\_\_ lb. \_\_\_\_\_ oz. and was named \_\_\_\_\_.  
(Baby's Full Name)

He/She is their \_\_\_\_\_ child and \_\_\_\_\_.  
(1st, 2nd, 3rd, etc.) (1st, 2nd, 3rd, etc.) (Daughter/Son)

Maternal grandparents are \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_.  
(City, State)

Paternal grandparents are \_\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_.  
(City, State)

The undersigned do hereby authorize, request, give permission for and consent to the publication of the above information in THE WOODFORD SUN, VERSAILLES, KY., and we do hereby release THE WOODFORD SUN from any legal responsibility or liability which may arise from the publication of the above information.

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

Mother's address \_\_\_\_\_ Mother's telephone \_\_\_\_\_

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

Father's address \_\_\_\_\_ Father's telephone \_\_\_\_\_

Signatures of both mother and father are required to publish both names. If only the mother's name is to be published, only her signature is required.

Submitted photographs should be either black & white or well-lighted color portraits and can be digital or an original. Digital photos can be emailed to news@woodfordsun.com. Original photos may be picked up at our office following publication of the announcement. Please include name and phone number with all photo submissions.

----- For Office Use -----

Submitted by: \_\_\_\_\_ Phone (days): \_\_\_\_\_

Date Ad to Run: \_\_\_\_\_ Today's date: \_\_\_\_\_

Photo Submitted: ☐ Yes ☐ No ☐ Digital ☐ Original

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