

Send to: Births at Kenosha News
5800 Seventh Avenue Kenosha, WI 53140
Fax: (262)657-8455

PARENTS OF BABY:

Father's name: _____

Mother's name: (include maiden name) _____

City where they live _____

If parent is a former Kenoshan, which one? _____

NEW BABY:

Name of child _____

Gender of child: MALE FEMALE Date of birth: _____

Place of birth (hospital and city) _____

SUBMITTED BY:

Mother's signature: _____ Phone: _____

Father signature: _____ Phone: _____

If parents have different last names both must sign.

SOMEONE OTHER THAN PARENT

Signature: _____ Phone: _____

Relationship: _____