



New Arrival Form

801 Riverside Dr, Charles City IA 50616
641.228.3211 classifiedads@charlescitypress.com

Date: _____

Baby Name: _____ Birthdate: _____
Born at: _____ Boy _____ Girl _____
Pounds: _____ Ounces: _____ length: _____

Parents Names: _____
From: _____

Siblings Names: _____

Grandparents Names: _____

Great Grandparents Names: _____

Name of person completing form: _____
Phone Number: _____
Email: _____

Information on this form will be published one time in the Charles City Press for \$7.
Payment must be made first before New Arrival will be published.

Date paid: _____
CA/CK/CC: _____
Initial: _____