

Sokół Polski Newborn Announcement Form

Name of Newborn _____

Birth Date _____

Birth Weight _____

Length _____

Hospital Name & Location _____

Names of Parents _____

Nest # _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Business Phone _____

Grandparents (Maternal) _____

Nest # _____

Address _____

City _____

State _____ Zip _____

Grandparents (Paternal) _____

Nest # _____

Address _____

City _____

State _____ Zip _____

Additional Information _____

OPTIONAL — You may include a quality photograph if available. Photographs will be returned upon written request.

Mail completed newborn announcement form to the following address:

Sokół Polski
Polish Falcons of America
615 Iron City Drive
Pittsburgh, PA 15205-4397

For more information call Frank Winters, Communications Director, at 1-800-535-2071 or e-mail at communications@polishfalcons.org.

Additional Notes or Comments:

