

Birth Announcement Form

All parents, grandparents, and great-grandparents must have first and last names. The child, parents or grandparents must be or have been part of the Wisconsin Jewish community.

General Information

Person submitting the form _____

Phone number _____ Email _____

Child's name _____ Date of Birth _____ Gender _____

Mother's name _____

Father's name _____

Address _____

City _____ State _____ ZIP _____

Siblings

Brother(s) name(s) and age(s) _____

Sister(s) name(s) and age(s) _____

Grandparents

Maternal grandmother _____

City _____ State _____ Deceased _____

Maternal grandfather _____

City _____ State _____ Deceased _____

Paternal grandmother _____

City _____ State _____ Deceased _____

Paternal grandfather _____

City _____ State _____ Deceased _____

Great-grandparents

Maternal great-grandmother _____

City _____ State _____ Deceased _____

Maternal great-grandfather _____

City _____ State _____ Deceased _____

Paternal great-grandmother _____

City _____ State _____ Deceased _____

Paternal great-grandfather _____

City _____ State _____ Deceased _____

Naming of Baby

Baby's Hebrew name _____

Named in memory of _____

Maternal relationship _____ Paternal relationship _____

Name _____ Relationship to Deceased _____

Phone _____ E-mail _____

Please submit this form by mail to Rob Golub, Editor, The Wisconsin Jewish Chronicle,
1360 N. Prospect Ave., Milwaukee, WI 53202 or by email to RobG@MilwaukeeJewish.org.

Questions? Call Rob at 414-390-5770.