



Banner Health®

Keith County, Nebraska News
Birth Announcement

Patient Label

Baby's Name: _____ Date of Birth: _____

Parent's Names: _____

Hometown: _____

Weight: _____ Length: _____ Sex: M or F

Other children (Names and ages): _____

Grandparents (names & hometowns): _____

Great-grandparents (names & hometowns): _____

The information provided will be forwarded to Keith County News for publication via fax at 308-284-4048. Please note: If a father is listed, we must have the signatures of both the father and mother for publication. By signing below, you are giving Ogallala Community Hospital permission to release the above information to the Keith County News.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Daytime phone number _____

