

The Glastonbury Citizen Rivereast News Bulletin

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www.glcitizen.com

Birth / Adoption Form

Please fill out and submit with photograph.

Baby's First & Middle Name _____

Baby's Gender _____

Mother's Name & Maiden Name _____

Father's Name _____

Town of Residence _____

Hospital Name _____

Date of Birth/Adoption _____

Grandparents & Great-Grandparents Names *(specify if Paternal or Maternal)*

Any Additional Information

Contact Name *(not for publication)* _____

Contact Phone Number *(not for publication)* _____

Contact Email *(not for publication)* _____