

# Birth Announcement News Release Consent Form

Please print and complete this form, then fax to WITZ at (812) 482-9609, or mail to WITZ AM/FM, PO Box 167, Jasper, IN 47546

**Parents Names** \_\_\_\_\_  
\_\_\_\_\_

**City** \_\_\_\_\_

**Boy** \_\_\_\_ **Girl** \_\_\_\_ (please check one)

**Weight** \_\_\_\_\_

**Length** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

I do hereby give my permission to have the above information announced on WITZ during the Bundle of Joy Program.

**Signature of Patient** \_\_\_\_\_

**Signature of Spouse/Partner** \_\_\_\_\_

**Date** \_\_\_\_\_

Please Provide a contact number should WITZ have any questions. WITZ will not air the contact number. Phone \_\_\_\_\_