



Priscilla Pond Flawn
**Child and Family
 Laboratory**

THE UNIVERSITY OF TEXAS AT AUSTIN

PLEASE RETURN THIS ANNOUNCEMENT AFTER THE BIRTH OF YOUR CHILD. THE APPLICATION IS CONSIDERED COMPLETE ONLY WHEN THIS PAGE IS RETURNED.

BIRTH ANNOUNCEMENT

Parents' Names:

Full Name of Child:

Birthdate:

Gender:

Male
 Female

Birth Weight:

lbs oz

Birth Length:

in

Apgar Score:

Type of Childbirth:

Yes No

Caesarean	<input type="checkbox"/>	<input type="checkbox"/>
Natural Childbirth	<input type="checkbox"/>	<input type="checkbox"/>
Local Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>
General Anesthesia	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

***Directions:**

- *Please save this copy as a new file once completed and attach it to an email.*
- *Send your email to: ppfcfl@utlists.utexas.edu*

For Office Use Only:
 Date Received: _____ Date Entered: _____