

**POLISH NATIONAL UNION OF AMERICA  
NOTICE OF BIRTH  
FOR PARTICIPATION IN NEWBORN PROGRAM**

1) Child's Name: \_\_\_\_\_

2) Child's Birth Date: \_\_\_\_\_

3) Gender of Child: \_\_\_\_\_

4) Parent(s) Name: \_\_\_\_\_  
\_\_\_\_\_

5) Parent(s) Address: \_\_\_\_\_  
\_\_\_\_\_

6) Parent(s) Phone Number : \_\_\_\_ ( \_\_\_\_ ) \_\_\_\_\_

7) Notification

*I/we hereby send formal notice to the Polish National Union of America that*

\_\_\_\_\_ *is to be entered in the Polish National Union of*  
*(child's name)*  
*America's Newborn Coverage Program.*

\_\_\_\_\_  
Witnessed by Branch Secretary or  
Parish Priest

\_\_\_\_\_  
Signature of Parent

OR

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Notary Public